

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Ophthalmology

ESPS manuscript NO: 11702

Title: The pathogenesis, Prevention, Diagnosis and Management of Retinal Vein Occlusion

Reviewer code: 00505117

Science editor: Fang-Fang Ji

Date sent for review: 2014-05-31 15:12

Date reviewed: 2014-06-17 15:37

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors have performed a beautiful review of the current knowledge on retinal vein occlusion. My comments below: Paragraph 4.2.1.3.2 at pg 20: please provide references for each statement. Paragraph 4.2.2.3.1 pg 23, last sentence: please provide references. Paragraph 4.2.2.4: please provide references for each statement. Figure 1: it is a right eye, not left Few typos (eg. orticosteroid instead of corticosteroids; dexamethsone instead of dexamethasone, and so on)

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Ophthalmology

ESPS manuscript NO: 11702

Title: The pathogenesis, Prevention, Diagnosis and Management of Retinal Vein Occlusion

Reviewer code: 02446549

Science editor: Fang-Fang Ji

Date sent for review: 2014-05-31 15:12

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Revision of the manuscript entitled: The pathogenesis, Prevention, Diagnosis and Management of Retinal Vein Occlusion Manuscript ID: 11702 A. Overall impression. An excellent review of the retinal vein occlusions, diagnosis and treatment. B. Strengths: An extended review of the currently knowledge about diagnosis, management of retinal vein occlusions, with an excellent algorithms of treatment at the end of manuscript. C. Weakness. The more important weaknesses is the structural description of both retinal vein occlusions type (branch versus central) D. Comments on this manuscript 1. I suggest to authors than the text should be reorganized in two sections: · The first the branch retinal vein occlusion which includes: diagnosis, treatment and algorithms. · A second section which includes: central vein occlusion diagnosis, treatment and algorithms 2. The authors in the text indicate a great preference for dexamethasone implant in treatment of central vein and in many cases of branch occlusion. I recommend greater caution in this indication, because the clinical practice demonstrated that adverse effects are greater than clinical assays indicate. The increase of intraocular pression occurs more frequently than studies indicates, by a substantial number of patients with increases higher than 50 mm Hg an with high difficulties in reverse the IOP increase. Authors can indicate in this commentary that in the text include the adverse effect succeed only in glaucoma patients, or in cases of increase of IOP after topical corticoids instillation, but in my personal experience this is not true and we not known which patients



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developed an IOP increase, increases which can need glaucoma surgery management. Furthermore the studies with dexamethasone implant not include the three year follow up, and adverse effects after one year treatment include a great number of patients with cataract and glaucoma, than the previously firsts studies. Authors indicate that dexamethasone implant after the first injection can be injected a second time, but after this second treatment what happens? My experience indicates that patients need more injections, and adverse effects increases logarithmically following the second injection. 3. Authors recommended the association between laser and intravitreal injections in ischemic vein occlusions, which is the order of treatment (first laser of injection), and which is the interval between both treatments used. 4. I think that laser in ischemic forms of vein occlusion (branch or central) have an important place and should be included as principal indication in algorithms together with intravitreal injections, in cases with macular edema 5. When authors decided stop treatment, after two, three, or how many years or months?