

2023-01-22

*World Journal of Clinical Cases*

Dear Editor:

Thanks for the conditional acceptance for our manuscript entitled "A bilateral malignant glaucoma with bullous keratopathy: a case report".

Upon the request of the Editorial Comments, we have revised our manuscript. We hope the current version could meet the publishing requirements of the journal.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,

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## **Response to Editor and Reviewers**

**Reviewer 1:** Please mark the hole of iridotomy in picture 1a and 1b.

**Response:** For Figure 1a, the hole of iridotomy was marked by a black arrow; For Figure 1b, the hole of iridotomy was covered by the eye lid, so it was unmarked.

**Reviewer 1:** Which type of the Ahmed valve was used? For the short eyes, it is difficult to put the Ahmed valve at a 8-mm limbus distance.

**Response:** For this case, the Ahmed FP8 (New World Medical Inc., Rancho Cucamonga, CA, USA) was used, as its size was smaller than Ahmed FP7. Technically, compared to Ahmed FP7, the Ahmed FP8 is more suitable for eyes with short axial length (Turaga K, Rao A, Ali MH, et al. Safety and efficacy of paediatric silicone Ahmed glaucoma valve (AGV) in adult eyes with post-VR surgery glaucoma. Eye (Lond). 2020 Jun;34(6):1121-1128.).

**Reviewer 1:** “Considering that this might be an instance of chronic angle closure in the right eye, we implanted an Ahmed drainage

valve.” “One week later, considering the angle closure, we implanted an Ahmed valve”. It is known that when the angle is open, we implant the Ahmed valve.

**Response:** Initially, the Ahmed glaucoma valve was designed for angle-open glaucoma with deep anterior chamber. For Asian, since the axial length is usually short and the anterior chamber is shallow, angle-closure glaucoma is usually seen in this population. Thus, it might be not the first therapeutic choice for such patients. However, after Phaco+IOL, the anterior chamber is usually deepened. More and more studies suggested the combination of Phaco+IOL and Ahmed Glaucoma Valve Implantation is an effective and safe surgical option for patients with refractory glaucoma. (Kwon J, Sung KR. Factors Associated with Outcomes of Combined Phacoemulsification and Ahmed Glaucoma Valve Implantation. Korean J Ophthalmol. 2018 Jun;32(3):211-220.)

**Reviewer 1:** It’s hard to decide whether the visual field of the right eye is tubular. For the quality of pictures of the visual field are low. It’s better to delete the photos of visual field for both eyes.

**Response:** I have deleted the picture of visual field.

**Reviewer 1:** The OCT revealed that extensive corneal endothelial

detachment involving approximately half of the cornea and a translucent membrane attached and stretched the endothelial layer (Figs. 4b and 5a)

**Response:** Thanks. I have rephrase the sentence.

**Reviewer 1:** According to picture 5, it was not extensive corneal endothelial detachment.

**Response:** Thanks. I have rephrase the sentence.

**Reviewer 1:** Please revise the title of this manuscript. There is not enough evidence to support “The migration, transformation, and implant of lens epithelial cells”

**Response:** Thanks. We have rephrase the title as “A bilateral malignant glaucoma with bullous keratopathy: a case report”.

**Editor:** I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors. The title of the

manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 18 words).

**Response:** Thanks for the comments. Upon the request, we have changed the title as “A bilateral malignant glaucoma with bullous keratopathy: a case report”.

**Editor:** Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture

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**Response:** Thanks for the suggestion, we have upload the original picture as PowerPoint (PPT) format to the editorial system.