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Dear Editor Fang-Fang Ji,

Thanks for your attention on our manuscript titled “**Sub-Tenon's urokinase injection-assisted vitrectomy in the early treatment of suprachoroidal case: Four cases report and review of literature [Manuscript NO: 40787]**” Taking account of the comments from reviewer and editor, we revised our manuscript carefully, and following is our responses to every point. Any change was highlighted with TRACK CHANGES mode in the revised manuscript.

The main changes what we made in the re-submitted manuscript are as follows:

1. The Abstract and Discussion sections have been re-written to clarify our expression.
2. CASE PRESENTATION has been re-written, including chief complaints, history of present illness, history of past illness, physical examination, laboratory testing and imaging examination.
3. EXPERIENCES AND LESSONS section has been re-written.
4. Duplicate documents have been deleted, and the order of the literature has been adjusted according to the content of the article.
5. The reference numbers was superscripted in square brackets at the end of the sentence, and PubMed citation numbers and DOI citation was added to the reference list.

**Reviewer #1: In this study, Chai et al reported a new surgical procedure treating clot caused by SCH. Their work is interesting with potential usefulness for a wilder clinic application. I have the following comments. It seems that the visual outcome of the 4 cases reported here were not exciting. The procedure the authors used is more effective on anatomical recovery. In this situation, the authors should discussion the reasons and explain why the anatomical recovery**

is also important and essential for patient with SCH. Since the authors are trying to propose a new surgical procedure and I understood that it's not possible to launch a control group now. They should try to compare their new method with the current ones and outline the advantages. There are many regimes other than urokinase used in clinic for clot dissolution, the authors may need discuss why they chose urokinase. Discussion section paragraph 2, "Excellent final anatomical results were also achieved in cases 1 and 3" dose not make sense, case 3 and 4?

**Response:** Thanks for the editor and reviewer's comments.

1. Studies showed that untreated eyes with slightly delayed wound closure became phthisical or were eviscerated/enucleated in 43% and 41% of the eyes (reference 29) . Anatomical recovery reduces eyeball phthisical or eviscerated/enucleated, which were a considerable proportion of events in the literature reported. **We have re-written this part at page 17 line 21-25.**

2. The traditional suprachoroidal effusion is usually performed by 5-11mm scleral puncture after the limbus (reference 9, 28) , and we take a 20G incision to reduce the iatrogenic injury and simplify the surgical procedure. At the same time, a large number of suprachoroidal hemorrhage is associated with high intraocular pressure or retinal detachment, and early urokinase thrombolysis can dissolve blood clots as early as possible and early vitrectomy, thereby reducing further damage to visual function caused by high intraocular pressure or retinal detachment. Waiting for spontaneous resolution can result in retinal detachment when there is vitreous incarceration and can in these cases lead to a poor visual prognosis. In cases of extensive hemorrhage, patients have sustained vision loss from chronic atrophy or phthisis bulbi in the absence of prompt surgical intervention. Prompt drainage may provide the best chance for maintaining useful vision. **We have re-written this part at page 16 line 17-21, page 15 line 5-24.**

3. Some authors have also used tissue plasminogen activator suprachoroidal cavity injection 4-5d after SCH to liquefy the clot (reference 20-22) . Suprachoroidal cavity

injection is an intraocular operation which can be performed in some complications, such as retinal detachment, vitreoretinal traction, and vitreous hemorrhage. However, sub-Tenon's injection is much more easy and safe to perform. At the same time, urokinase is a common clinical drug, and the price is appropriate, which is more suitable for clinical treatment in developing countries. **We have re-written this part at page 15 line 3-24.**

4. **"Excellent final anatomical results were also achieved in cases 1 and 3" dose not make sense, case 3 and 4?** There are mistakes in writing this sentence. Excellent final anatomical results were achieved in cases 3 and 4 just after the surgery, and good choroidal reattachment following absorption of the hemorrhage was observed in case 1 (7 months postoperative) and case 2 (1 year postoperative). **We have re-written this part at page 17 line 19-23.**

**Reviewer #2: Sub-Tenon's urokinase injection-assisted vitrectomy is an interesting technique and the authors present a small series of cases. There are some inconsistencies in the text, which are mostly of stylistic nature (e.g., sometimes the authors talk about a woman, sometimes female). It does not read very well. Some images are blurred and a better resolution is imperative.**

**Response:** Thanks for the editor and reviewer's comments.

1. All the women in the article were replaced by female.
2. We've adjusted some of the images to make them clearer, but because of the time and poor patient coordination, the pictures are the only results we have so far.

**Reviewer #3: The manuscript of Chai and co-authors is well-written, the idea is original and the study well conducted.**

**Response:** Thanks for the editor and reviewer's comments.

Once more, thanks for the comments and we would be happy to provide additional

information if necessary.

Sincerely,

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