

Dear Editors and Reviewers,

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Monocular posterior scleritis presenting as acute conjunctivitis: A case report and literature review" (Manuscript NO: 55115). Those comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made correction, which we hope meet with approval. Revised portions are marked in blue in the paper.

The main corrections in the paper and the responds to the editors' and the reviewers' comments are as following:

**Responds to the reviewers' comments:**

**Reviewer #1:**

**1. Scientific Quality: Grade C (Good)**

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: The article could be improved with better descriptions in every section. Few articles have reported similar conditions of heterogenicity of scleritis and its misdiagnosis, improving details could lead to a more useful tool for clinical practitioners. You can enrich your introduction/discussion with other similar papers. Also, another laboratory assessment could be performed to aid in diagnostics, these should be included, if not performed at list mentioned. This improvement can also give this paper a higher impact on readers.

**Response:** Thank you for your suggestion. First, we had added some similar reports to enrich the introduction and discussions in our manuscript with four references. And then we also added some laboratory results performed to aid in diagnostics, meanwhile we also mentioned the laboratory test that we did not do.

Line 12-15 in page 3: “Sin PY et al reported a case of nodular posterior scleritis that presented as a choroidal mass in a patient with systemic lupus erythematosus in 2016<sup>[7]</sup>. Alsharif HB et al described a 30-year-old man with a history of painless subacute loss of vision for 5 months in his left eye and was diagnosed as atypical posterior scleritis which was mimicking the amelanotic choroidal melanoma<sup>[8]</sup>.” was added after “It is usually misdiagnosed as intraocular inflammation, orbital inflammation, ocular tumors, central serous chorioretinopathy, or Vogt-Koyanagi-Harada disease<sup>[6]</sup>”.

Line 14-17 in page 5: “Baltinas J et al also reported a case of infective conjunctivitis progressing to posterior scleritis in 2019<sup>[11]</sup>. Ugurbas SH et al in 2012 described a 29-year-old male diagnosed as posterior scleritis presenting with angle closure glaucoma and transient myopia who was suffering severe pain and vision loss in his right eye<sup>[12]</sup>.” was added after “characteristic 'T' sign through B-scan ultrasonography in both eyes of this patient”.

Line 11 in page 4: “complete blood count, liver function” was added after “Laboratory examinations included tests for”.

Line 14 in page 4: “Immune complexes and tuberculosis were not detected” was added at last sentence.

The four references were added accordingly.

#### **Responds to the editors' comments:**

**(1) Science Editor:** 1 Scientific quality: The manuscript describes a case report of monocular posterior scleritis presenting as acute conjunctivitis. The topic is within the scope of the WJCC.

(1) Classification: Grade C;

(2) Summary of the Peer-Review Report: Few articles have reported similar conditions of heterogeneity of scleritis and its misdiagnosis, improving details could lead to a more useful tool for clinical practitioners.

**Response:** Thank you for your suggestion. We had added some similar reports to enrich the introduction and discussions in our manuscript with four references.

**Line 12-15 in page 3 (introduction):** “Sin PY et al reported a case of nodular posterior scleritis that presented as a choroidal mass in a patient with systemic lupus erythematosus in 2016<sup>[7]</sup>. Alsharif HB et al described a 30-year-old man with a history of painless subacute loss of vision for 5 months in his left eye and was diagnosed as atypical posterior scleritis which was mimicking the amelanotic choroidal melanoma<sup>[8]</sup>.” was added after “It is usually misdiagnosed as intraocular inflammation, orbital inflammation, ocular tumors, central serous chorioretinopathy, or Vogt-Koyanagi-Harada disease<sup>[6]</sup>”.

**Line 14-17 in page 5 (discussion):** “Baltinas J et al also reported a case of infective conjunctivitis progressing to posterior scleritis in 2019<sup>[11]</sup>. Ugurbas SH et al in 2012 described a 29-year-old male diagnosed as posterior scleritis presenting with angle closure glaucoma and transient myopia who was suffering severe pain and vision loss in his right eye<sup>[12]</sup>.” was added after “characteristic 'T' sign through B-scan ultrasonography in both eyes of this patient”.

(3) Format: There are 2 figures. A total of 9 references are cited, with 3 references published in the last 3 years. There are no self-citations.

**Response:** Thank you very much. We added 4 references in the introduction and discussion with 4 references published in the last 3 years.

2 Language evaluation: Classification: Grade A. A language editing certificate by filipodia was provided.

3 Academic norms and rules: The Conflict-of-Interest Disclosure Form and Copyright License Agreement were provided. Signed Informed Consent Form(s) or Document(s) was provided and CARE checklist (2016) was uploaded. No academic misconduct was found in the Bing search and the single similar index is 6% in the CrossCheck detection, the repeated sentences should be rephrased.

**Response:** Thank you very much for your suggestion. We did not know which were the repeated sentences, and we made an CrossCheck detection in our library and we found that there were no repeated sentences in the main text, but in the footnotes, there may have some repeated sentences because they had the similar format or sentence which may be similar with the paper I had published before. The author was Xiuhong Qin, and I did not sure if it must need to rephrase or not.

4 Supplementary comments: This is an unsolicited manuscript. Supported by Natural Science Foundation of Liaoning Province of China (Grant No. 20180550524); National Natural Science Foundation of China (Grant No. 81300779). The topic has not previously been published in the WJCC.

5 Issues raised: (1) The authors did not provide original pictures. 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.

**Response:** Thank you for your suggestions. We will provide the original pictures using PowerPoint.

6 Re-Review: Not required.

7 Recommendation: Conditional acceptance.

**(2) Editorial Office Director:** I have checked the comments written by the science editor.

**Response:** Thank you very much.

**(3) Company Editor-in-Chief:** I have reviewed the Peer-Review Report, the full text of the manuscript, the relevant ethics documents, and the English Language Certificate, 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.

**Response:** Thank you very much.

The References 13 did not have the PMID and DOI number, the References 5 only had the PMID number.

We tried our best to improve the manuscript and made some changes in the manuscript. We appreciate for Editors and Reviewers' warm work earnestly, and hope that the correction will meet with approval. Thank you very much for your comments and suggestion.

Best regards,

Yanzhen Li, Xiuhong Qin, Jianmin Lu, Yongping Wang