Answering Reviewers'

First of all we would like to thank all the suggestions. We've tried to contemplate them as we are writing below.

#The manuscript is well written, but it lacks the details of the basis for the proposed criteria. I would suggest to use PRISMA criteria for systematic reviews. Otherwise, it is a "local" consensus of the hospital where people work.

- In this paper, we are suggesting a diagnostic criteria according to our experience and in agreement with the literature, despite not fulfilling the requirements for a meta-analysis nor even a systematic review. For this reason we didn't applied the PRISMA.

#Moreover, I would highlight the manuscript with a detailed table with the mimickers and pitfalls of POR.

- We think that we've described that details in the main text but, as you've suggested, we decided to highlight that as a table:

Table 2. Differential diagnosis of pediatric ocular rosacea (POR) [2-4,8,17].

- Chronic conjunctivitis (viral, allergic, atopic)	- Medication toxicity
- Keratoconjunctivitis sicca	- Interstitial keratitis
- Meibomitis	- Infectious keratitis (herpes simplex)
- Recurrent hordeola/chalazia	- Sterile or bacterial corneal ulcers
- Staphylococcal blepharoconjunctivitis	- Auto-immune diseases
- Seborrheic blepharoconjunctivitis	- Sarcoidosis

1. case presentation and treatment with ivermectin when demodex is associated - to be mentioned Brown M1, Hernández-Martín A2, Clement A3, Colmenero I4, Torrelo A2. Severe demodexfolliculorum-associated oculocutaneous rosacea in a girl successfully treated with ivermectin. JAMA Dermatol. 2014 Jan;150(1):61-3. doi: 10.1001/jamadermatol.2013.7688.

In children older than eight years old the cyclines can be used as first systemic therapy: minocycline, doxycycline. [8,,13,25] After remission, prolonged treatment with doxycycline 40 to 100 mg once or twice daily is a good option [4,8,12,13, 25].

2.for children older than 12, it has to be mentioned the regimen and the experiences with

cyclines. ex. Erzurum SA1, Feder RS, Greenwald MJ.Acne rosacea with keratitis in childhood.Arch Ophthalmol. 1993 Feb;111(2):228-30. Potz-Biedermann C1, Mehra T2, Deuter C3, Zierhut M3, Schaller M1. Ophthalmic Rosacea: Case Report in a Child and Treatment Recommendations. Pediatr Dermatol. 2015 Jul-Aug;32(4):522-5. doi: 10.1111/pde.12419. Epub 2014 Oct 16.

It was described the efficacy of ivermectin to the treatment of refractory cases of cutaneous ocular rosacea, as an antiparasitic drug effective against mites Demodex [27]. The treatment consist in an oral single-dose, and despite being proscribed to children under five years and under 7 Kg, it has been used in pediatric age[87]. This drug has primarily been reported in the treatment of immunosuppressed patients, but there are reports of its success in immunocompetent patients [27,28].

#3. among the pathologic conditions: use of corticosteroids (cutaneous and nebulizers).

- Our article is a review about ocular rosacea and we've only discussed the approach and treatment about it (excluding the cutaneous disease). In this situation there is space for topical use of corticosteroids (ocular) but not to the systemic one.

Topical (ocular) corticosteroids can prove useful for short-term exacerbations of eyelid disease and the management of inflammatory keratitis and episcleritis since they constrain eyelid and ocular inflammation [3,4,8,11-15]. However, its long-term use should be avoided due to their well-known potential side effects, such as increased intra-ocular pressure, glaucoma and cataracts. They should be discontinued as soon as possible. Furthermore, their discontinuation can frequently lead to rosacea exacerbations (topical steroid dependency) [1-4,7,13,14,15,17]. If indicated, topical corticosteroids must only be used during the initial weeks and the drops tapered by one drop per week [7,11,13].

We hope that we have answered to all the questions. If there is any more doubt, please let us know.