

RESPONSE TO REVIEWERS

The authors appreciated the time spent by the editor and by the reviewers in revision of this manuscript. The authors want to thank the Reviewers' and Editor for their valuable comments and suggestions, which permitted to improve the paper.

Reviewer 1

Review Time:	Anonymous 2016-09-29 15:35
Comments To Authors:	Dear authors, This case is very rare and an interesting case. With some revision, I recommend this article to be published. 1. In introduction, please write the full term of TTR. In the first expression, you'd better avoid the use of abbreviations. 2. In page 9, the contents of the line 10-13 and line 14-17 is overlapped. 3. In page 10, please revise $2,55 \pm 1,43$ into 2.55 ± 1.43 (comma → point) 4. Please revise this manuscript with English native speakers. It has many grammatically incorrect expressions and repetitive words.
Classification:	Grade C (Good)
Language Evaluation:	Grade C: a great deal of language polishing
Conclusion:	Minor revision

RESPONSE TO REVIEWER 1

- 1) "This case is very rare and an interesting case."
R: The authors totally agree with the reviewer. The pattern of amyloid deposition, being more exuberant in anterior segment than posterior segment is not a frequent presentation of ocular amyloidosis related to type 1 FAP. Additionally, the clinical course of this case is not frequent in this condition.
- 2) "1. In introduction, please write the full term of TTR. In the first expression, you'd better avoid the use of abbreviations."
R: The full term of TTR was written in the Introduction. The full term related to each abbreviation was written in full when it first appears in the text. Also, abbreviations were converted to the respective full terms at the beginning of a sentence.
- 3) "2. In page 9, the contents of the line 10-13 and line 14-17 is overlapped." R: Thank you for the comment. We agree that the content is overlapped by mistake

and this aspect was corrected. The repeated content was removed and the text was changed as indicated in the manuscript by the track-changes function.

- 4) “3. In page 10, please revise 2,55±1,43 into 2.55±1.43(comma → point)” R: Thank you for the comment. We replaced the commas by points as indicated above.
- 5) “4. Please revise this manuscript with English native speakers. It has many grammatically incorrect expressions and repetitive words.” R: Thank you for suggestion. The whole text of the manuscript was revised by a English native speaker, which is also a co-author of this paper and an academic reviewer of a British journal: BMJ Case Reports Journal.

REVIEWER 2

Anonymous

Review Time:

2016-10-05 04:51

Comments To Authors:

However the ocular manifestations of Familial Amyloidotic Polyneuropathy are very rare, this manuscript is an useful contribution for both transplantology and ophthalmology. I would like to kindly add that currently we have many different types of micro-invasive glaucoma surgeries (MIGS) and we may performe them instead of Ahmed valve surgery, which is very traumatic to the eye. I commend this manuscript for fast publication.

Classification:

Grade A (Excellent)

Language Evaluation:

Grade A: priority publishing

Conclusion:

Accept

RESPONSE TO REVIEWER 2

The authors appreciated the reviewer’s comment. This case is a rare and demonstrates that ocular amyloidosis can occur in type 1 FAP even after liver transplantation. The case is also an example that FAP1-related is not always progressive neither always requires surgical treatment, although this course is very rare. This case also illustrates that the classic amyloid deposition in vitreous can be less exuberant than the amyloid deposition in anterior segment, although this

is rare. In most cases, vitreous amyloidosis is more exuberant. For these reasons, the presented case is rare and special, expanding the knowledge of this disease.

Regarding the surgical treatment of FAP1-related glaucoma, Ahmed valve is the most frequent procedure. Although MIGS are now available and can be used with success in primary open-angle glaucoma and some types of secondary glaucoma and offer important advantages as those indicated by the reviewer, we do not have experience with these devices for treating this condition. We have only one clinical case of FAP-related glaucoma treated with XEN gel implant and this device only offered very short-term IOP control and it was necessary to use an Ahmed valve for subsequent IOP control. Also, there are no prospective studies supporting the efficacy of MIGS in IOP control of FAP1-related glaucoma. Nevertheless, these devices can be first attempted, as they are minimal invasive and we can still have the other surgical options after the implantation of a MIG device, such as XEN gel implant. We added this information to the text.