33042-ANSWERING REVIEWERS

Response to Reviewer (ID: 00505209)

Comments

I consider this study to have valuable data that would be of interest if published. However ultrasound might be a usuful examination tool for papilledema diagnosis, in my opinion it should be always followed by MRI if there is a crescent sign and this conclusion should be added in your manuscript.

Response

Statement "A positive crescent sign should always be followed by MRI to find out the cause of papilledema" has been added as the concluding statement of abstract and the manuscript.

Response to Journal Editor-in-Chief

This is a clinical study on the value of ocular ultrasound in diagnosing papilledema. However, the manuscript of current version does not seem to be carefully written and the authors are advised to make improvements as pointed below.

1. No page numbers

***Response*:** Page numbers entered on bottom right.

2. There are both typographic and grammatical errors in the text.

***Response*:** We have corrected both typographic and grammatical errors in the text.

3. Table 1 does not look professional.

***Response*:** We have deleted Table 1, as all the figures are already mentioned in the results.

4. State clearly how the diagnosis of papilledema was made for these 50 patients. From the context, it seems to be made by MRI as a gold standard. If this is true, the corresponding MRI picture should be shown side-by-side in Figure 1.

***Response*:** Papilledema is a clinical diagnosis and is a sign of raised intracranial tension (ICT). Once the diagnosis of papilledema is made, patient is subjected to neuro imaging like MRI is done to findout the cause of papilledema and raised ICT. It is important to differentiate pseudo papilledema from true papilledema to avoid unnecessary MRI's. Many times, clinically it is difficult to differentiate true papilledema from pseudo papilledema. The diagnosis of papilledema in this study was made clinically and also with the help of ocular ultrasonography eliciting the crescent sign. Hence corresponding MRI

picture is not necessary as it will show only the cause of raised ICT and not papilledema ‘per se’ as seen on ocular ultrasonography .

5. Since both “crescent” and “doughnut” signs were said to be representative of papilledema, and crescent sign has been shown in Figure 1, a typical doughnut sign should also be demonstrated, which should be further confirmed by a corresponding MR image.

Response**:** The other name for crescent sign is doughnut sign. These are two different names of the same sign. This has been mentioned in the figure legends.