

Author's feedback against Editorial Comment:

The authors have made the required changes and have noted them here (highlighted in yellow) as well as part of the manuscript that has been provided to us as part of this email attachment).

The authors have presented a nice case and summary of scleritis

Please clarify the following:

- “Complications on both anterior (anterior uveitis) and posterior (subretinal granulomatous infiltrates with localized retinal detachment) segments of the eye, projected as part of a scleral nodule.”

Meaning is unclear.

Complications on both anterior (anterior uveitis) and posterior (subretinal granulomatous infiltrates with localized retinal detachment) segments of the eye are a consequence of granulomatous necrotizing scleritis.

- What is visual efficiency? And what is normal range, do you mean visual acuity?

Visual acuity (visual efficiency) is the distance (20ft in the US, or 6m in the rest of the world) at which the test is performed, over distance at which the smallest optotype (standardized symbols for testing vision) is identified that subtends an angle of 5 arcminute. The largest letter on an eye chart often represents an acuity of 20/200 (6/60) which the value that is considered "legally blind".

- As per protocol

What protocol do the authors mean?

Glucocorticoids have been used in management of inflammatory diseases since 1969. There are no official protocols regarding pulse therapy, so that its application depends on the assessment that takes into the account localization and the degree of disease, and unofficial guidelines suggest that pulse therapy has a favorable risk to benefit ratio and that it is highly efficient in short term control of inflammation such as necrotizing noninfectious scleritis. In order to enhance therapeutic effects and reduce side effects, intravenous (i.v.), supra-pharmacological doses, i.e. high dose i.v. / “pulse” corticosteroid treatment, is used in various inflammatory and autoimmune conditions, administered with substantial variations in dose; number; timing; and duration (i.e. >250mg prednisone or its equivalent daily, 1 – 5 days; no longer than 12 alternating days at the time).

- Ranital

Please list active ingredients (or Ranitidine, ranitidine hydrochloride)

- Please explain cell Tyndall to the readers

Cell Tyndall is the presence of cells and proteins in the anterior chamber of the eye, and so the degree of proteins and cell tyndall determines the degree of inflammation in this part of the eye. Tyndall effect (Tyndall scattering), is light scattering by particles in colloid or those in a fine suspension, which is

commercially used to determine the size and density of particles in aerosols (colloid of fine solid particles or liquid droplets, in air or another gas) and other colloidal matter.

- It is a pity there is no retinal photography of the serous retinal detachment.

The authors fully agree with the reviewer but unfortunately due to the fact that the changes are on the extreme periphery, for technical reasons it was not possible to do so.

Best regards and thank you very much on all your comments!