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Journal Name:	**British Journal of Medicine and Medical Research**
Manuscript Number:	**Ms_BJMMR_19161**
Title of the Manuscript:	**Idiopathic necrotizing scleritis, anterior uveitis, and localized retinal detachment**
Type of the Article	**Case Study**

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty'**, provided the manuscript is scientifically robust and technically sound.
To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Compulsory REVISION comments	**Introduction**: This is an article "Case report" related to an specific kind of scleritis, necrotizing, a rare ocular disease, but often associated with immune systemic disorders (Pavésio CE, Méier FM. Systemic disorders associated with episcleritis and scleritis. Curr Opin Ophthamol 2001; 12(6): 471-8). The article discusses the management of the disease and its diagnosis, mainly for clinical and rheumatologists. In my opinion, it is the main reason for a publication in a clinical journal - the British Journal of Medicine and Medical Research. Otherwise it would be better to publish in a Journal of Ophthalmology. **Materials & methods**: just as a suggestion, it would be more suitable, list items such as: 1- Clinical and rheumatological evaluation 2- Ophthalmologic evaluation 3- Laboratory examinations and tissue biopsy and histological analysis. I noticed a lack of analysis of clinical tests such as the complete rheumatological examination. I notice in table 1 It missed rheumatoid factor, an important marker of disease associated with scleritis. **Results & discussion**: the results in general and specially the results of ultrasound and biopsy may be considered consistent and with good quality. Discussion and conclusions are based on the case and figures. Relevant and current references were used during discussion. Just one point, I should mention in the bibliography this book: "Watson PG, Hazleman B, Pavésio C, Green WR. The sclera and systemic disorders – second edition. London: BH; 2004". In my opinion absolutely indispensable for this paper. Good documentation, photos, blades, ultrasound were well discussed. **Conclusion:** I should better explain your conclusion. Maybe you should	

	compare with other cases in the literature similar to yours as egg " Postoperative necrotizing scleritis: a report of four cases.Das S1, Saurabh K1, Biswas J2" "Diffuse granulomatous necrotizing scleritis. Pecorella I1, La Cava M, Mannino G, Pinca M, Pezzi PP." Conclusion is supported by the data, photos, ultrasound, biopsy are discussed inside the manuscript. **References**: references cited relevant and adequate. Just I would cited: "Watson PG, Hazleman B, Pavésio C, Green WR. The sclera and systemic disorders – second edition. London: BH; 2004" and "Optical coherence tomography in the diagnosis of scleritis and episcleritis. Shoughy SS1, Jaroudi MO2, Kozak I3, Tabbara KF4". Essential for this paper.	

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Minor REVISION comments	Line 29 – please comment that pain is a major symptom. Lien 51- please cite bibliography Line 65- please explain function of phenylefhrine as a differential diagnosis of episcleritis Line 74 – please explain normal fundus to confirm no vasculitis disorder Line 84- please describe which clinical exams – rheumatological and other clinical examination Line 112 – please explain idiopathic granulomatous scleritis. Probably you are right, but we have to wait for evolution in this case In July and August 2014 do you repeat all the laboratorial exams? I think you should repeat all antibodies tests and rheumatological evaluation as clinical worse criteria. Line 113- please explain why scleral activity is increasing Line 162 – please explain witch laboratorial tests do you repeated- All? Line 203 – OCT (optical coherency tomography) anterior and Pentacan – Alcon (trade mark) should be mentioned in the text. as egg "Optical coherence tomography in the diagnosis of scleritis and episcleritis.Shoughy SS1, Jaroudi MO2, Kozak I3, Tabbara KF4" Line 214- Pulsed intravenous injection as a treatment also should be mentioned as egg: "Analysis of a novel protocol of pulsed intravenous cyclophosphamide for recalcitrant or severe ocular inflammatory disease. Suelves AM1, Arcinue CA, González-Martín JM, Kruh JN, Foster CS." Line 231 – absence of text	
Optional/General comments	Please check English	

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