

Case Report # _____

Case Report Title

Candidate # _____

Category: _____

Topic: _____

Revision Number _____

Date Submitted _____

Response to Reviewers

Response to Reviewer Comments

In the history/intake on pg 3 you state that his diplopia is relieved by turning his head to the left. You also state the same in the discussion on pg 9. To me, a **head turn to the left** is the same as **right gaze**. If he had a Right CN VI palsy his diplopia should increase upon right gaze (which is mentioned at his f/u visit on pg 5). Do you, perhaps, mean that his diplopia was relieved by a left gaze? Please clarify.

My apologies. I have clarified by stating that the patient turned his head to view in left gaze.

In short, while it is an interesting and compelling subject, it needs to be rewritten and expanded.

The Discussion should cover the differential diagnosis of CN VI Palsy in more detail. While the assumption (it is not proven in the paper) is that this patient suffered from complications of DM, more needs to be said about how to approach this type of patient for the many other problems that could cause this clinical presentation (i.e. trauma, CA, infections, cranial aneurisms, etc). I would have liked to see the author dive deep into how a complete differential diagnostic work up would look like. A more extensive and scholarly discussion is needed.

Discussion regarding the differential diagnosis for CN VI Palsy was added (page 7-8, Table 1). A flowsheet for traditional clinical approach was added (Figure 4, page 10) in addition to further discussion regarding the possible work-up to rule-out different etiologies of sixth nerve palsy depending upon the clinical presentation (page 11). The clinical course of the patient presented was moved to the conclusion section (page 12).

I would have liked to see an image of the MRI and explanations of what we would be looking for in this type of case.

Axial and sagittal images from the patient's MRI were included (Figure 1, page 5). Discussion regarding possible MRI findings was added to the discussion (lines 198-204).

I was a bit confused by the author's inclusion of data and diagnostic testing for ocular hypertension. Why is this included? What does it have to do with the case.

Although ocular hypertension (OHTN) is non-contributory to the patient's nerve palsy, I was under the impression that diagnostic testing for all diagnoses / findings to show the scope of comprehensive care provided to this patient was necessary, especially in light of the IOP ranging from 22-25mmHg at the follow-up exams. With this said, I have removed the final follow-up exam from the originally submitted case report since it is non-contributory to the course of the palsy, but kept the prior OHTN data in an appendix for those reviewers who may appreciate reviewing that data.

Does the author need to include the line about getting patient consent on putting in anesthetic eye drops (Page 3, lines 12-13)?

This statement was removed.

Referencing is good and follows set AAO guidelines. Thank you.