BSMMUJ-65671 Article 16.1.10

Management of perforated corneal ulcer with iris prolapse by cyanoacrylate glue: A case report.

Bhuiyan MH et al. (shajib37@gmail.com)

Reviewer's comments		Author's response			
Date review assigned	28-Aug-22			e sent to author	20-Sept-22
Date review returned	05-Sept-22		Dat	e received from author	15-Dec-22
Reviewer name,	Dr. Saiful Islam Bhui	yan			
affiliation, email,	Dept. of Dermatology				
ORCID	BSMMU				
	drsaifulib@bsmmu.edu				
	0000-0001-8532-4992				
Conflict of interest of	No				
the reviewer	1 .1 (51.1		_		
Descriptive commen		ide it			r manuscript. If you refute,
into MAJOR and MINO	R points).		justify your argument using references. Mention line		
7.5				nbers.	
Major points:				jor points:	1 . 1
	g the case description i	IS	1.		s been revised to provide a
essential and requir	essential and requires improvement.			clear and detailed explain	nation in a simple manner.
o The complusion mass	lataba masifia and sa			The conclusion has been	a nofined to engune
2. The conclusion needs to be specific and convey		2.			
a clear message to the reader.			specificity and a clear m	lessage for the reader.	
3. Need major grammatical and linguistic		3.	Pavisad the writing of the	he manuscript as possible.	
3. Need major grammatical and linguistic correction.		ئ.	Revised the writing of the	ne manuscript as possible.	
correction.					
Minor points:	Minor points:		Mir	or points:	
4. Rewrite the reference in Vancouver		4.		according to the BSMMU	
style/BSMMUJ format.		4.	format.	according to the Bonnine	
				Torride.	
5. Provide DOIs of the journal references.		5.	Provided DOI of all refe	rences.	
Reviewer's	a. Minor revision	\checkmark			
Recommendation	b. Major revision				
(Tick mark on the open	c. Reject				
boxes to the right)	-J				

Second round

Executive Editor's comments (15-Dec-22)		Author's response (20-Dec-22)		
Kindly follow the following submission		We have corrected our case report according to		
requirements for a Case Report:		suggestions.		
1.	Abstract not exceeding 200 words.	1.	Abstract's word reduced less than 200 words.	
2.	Main text: Not exceeding 1500 words.	2.	Word count of main text is now less than 1500 words.	
3.	Tables/figures: two maximum (you can combine related pictures with multiple panels (a, b, c, d, etc).	3.	We have given 2 figures with multiple panels.	
4.	References: 15 Max.	4.	Now the total references are 15.	
5.	Others: see the attached admin checklist.	5.	Admin checklist has been followed	

Third round

Executive Editor's comments (20-Dec-22)		Author's response (22-Dec-22)		
	1.	Kindly bring your cover page to page number one. Provide email IDs of all authors.	1.	Given the cover page at first. Provided email ids of all authors.
	2.	Remove the subheading for the provisional diagnosis, differential diagnosis, and final	2.	Subheadings for provisional diagnosis, differential diagnosis, and final diagnosis have been removed,

3.	diagnosis. These should be part of your case DESCRIPTION. The Case description (instead of the case presentation) should include the Management and Follow-up also.	3.	and these elements are now integrated into the case description. Updated the Case description to now include details about the Management and Follow-up.
4.	Acknowledgement cannot be BSMMU. You can acknowledge those people who helped you in managing this patient other than those listed as authors. The patient also deserves thanks.	4.	Revised Acknowledgements accordingly.
5.	I do not see any author contribution either.	5.	Given "Author's contribution" as per journal's guidelines.

Fourth round

Executive Editor's comments (22-Dec-22)		Author's response (09-Mar-23)		
1.	I have edited the Abstract, please confirm your approval of these revisions.	We are extremely sorry for being late reply and some unavoidable circumstances. 1. We are agreeing with the revision done.		
2.	Looks like the document needs English language editing, kindly edit it, and send us soonest possible time.	2. We have carefully reviewed your suggestion, and we have edited the document for English language improvements.		

Fifth round

Executive Editor's comments (14-Mar-23)		Author's response (15-Mar-23)	
You are almost there. Please revise it a little to meet the criteria for acceptance.			
1.	The "Learning points" for a case report should indicate the learning of this work. None of the three bullets added are complete sentences. Please complete the sentences. The learnings can be given in two bullets, I believe.	1.	We appreciate your feedback. We revised the "Learning points" section to include complete sentences that clearly articulate the key insights learned from this work.
2.	Ethical issues should be added after the conflict of interest subsection. You may write something like, "Although ethical clearance was not sought, consent from the patient was obtained."	2.	Revised accordingly.