

**Date:** 07/09/2019  
**To:** "Eran Zunz" eranzunz@gmail.com  
**From:** "Journal of AAPOS" no-reply@jaapos.org  
**Subject:** Your Submission: JAAPOS-D-19-00163

Ms. Ref. No.: JAAPOS-D-19-00163

Title: Aggressive Fulminant Bilateral Community Acquired MRSA Septic Cavernous Sinus Thrombosis in a Girl  
Journal of AAPOS

Dear Dr Zunz,

Your manuscript has been read critically by members of the editorial board and by experts in the field. I regret to inform you that, based on their reviews, we cannot assign it a high enough priority to accept it for publication in the Journal of the American Association for Pediatric Ophthalmology and Strabismus. Unfortunately, the competition for space in the Journal forces us to make difficult decisions on the suitability of each manuscript. I am enclosing the comments of the reviewers in the hope that they might be useful to you.

Thank you for allowing us to consider your work. We appreciate your interest in the Journal of AAPOS and look forward to future submissions.

Sincerely yours,

William V. Good, MD  
Editor in Chief  
Journal of AAPOS

Reviewers' comments:

Reviewer #2

The authors describe a rare case of bilateral cavernous sinus thrombosis (CST) due to community acquired MRSA in a child. The case is of importance, and rightly emphasises the need for clinicians to be aware of the atypical nature of community acquired MRSA infections and their often fulminant course.

Overall, the paper would benefit significantly from careful editing by a native English speaker. Editorial services are available on-line.

Specific suggestions:

2-1. Case, line 23. "Medial" cerebral artery should be middle cerebral artery

2-2. Line 30. "Given the .... MRSA isolates.." This is the first mention of MRSA. There should be mention of what was cultured and what were the results of the culture in terms of organism and sensitivities. This does not appear prior to this mention of MRSA isolates.

2-3. Line 31. What anticoagulation was given, and for how long?

Discussion

2-4. Line 50, 51. I think you mean Strep Anginosus, not Strep Angiunous.

2-5. Line 75-80. Much of this is redundant and repetitive and could be left out.

2-6. Lines 84-86. If interventional radiological techniques are mentioned, they should be defined and briefly described. The title of the reference mentions clot removal by catheter.

2-7. Figures. Both fig 1 and 2 do not appear to show filling defects in the cavernous sinus. The best way of showing this would be an MR Venogram. it would be good to have better images to show this feature. Figure 2 shows the enhanced ICA well however.

Reviewer #3

3-1. There are numerous Sentences with awkward grammar or syntax. I think this manuscript should be edited by someone that is fluent in American English.

3-2. Line 30 , The authors state "Given the Blood and CSF, MRSA isolates and...". This is not correct as the Gram stain only share a gram-positive cocci. MRSA was not yet known.

3-3. Throughout there are many abbreviations. For a case report, I would recommend no abbreviations. Spell out cavernous sinus thrombosis, etc.

3-4. Line 32-33. At what time after presentation we're all these findings encountered?

3-5. Line 35 through 40. Please state how much time transpired from presentation to when she was transferred to a rehabilitation facility and how her symptoms resolved. More details are needed. What was her vision throughout? When did her motility that's resolved? etc.

3-6. Line 41-42. When was this follow-up MRI obtained? Is this narrowing of the internal carotid signifying continued cavernous sinus thrombosis? If yes, why do authors think there is continued thrombosis after all this time? What is the long-term expectation for the internal carotid caliber after the thrombosis resolved? All of this detail is needed.

3-7. Line 52-54. What is the relevance of last s

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