Peer Review File

Graft epithelial mapping following penetrating keratoplasty using anterior segment optical coherence tomography

Reviewer 1
1. Similar research has been published before including PMID: 23928949, and so on. The innovation seems not competent.

Response: The mentioned publication with PMID :23928949, entitled :“Epithelial down growth after penetrating keratoplasty: Imaging by High resolution optical coherence tomography and in vivo confocal microscopy “. It is a case report in which epithelial down growth was reported in 2 cases following penetrating keratoplasty where diagnosis was made using OCT imaging. The points addressed in this article differs from ours. In our study we evaluated the changes in corneal epithelial thickness in corneal grafts following penetrating keratoplasty using anterior segment optical coherence tomography and to find out the role of epithelial thickness mapping in the early detection of graft rejection .

Comment 2:
This manuscript is full of grammar mistakes and spelling mistakes. It should be edited by at least one individual who holds strong native English writing skills.

Responses: We would like to thank the reviewer for this important remark. The whole article has been revised and edited by a native English speaker as has been advised.

Reviewer 2:
1. How to define early graft rejection?

Response: Graft rejection was defined as new development of corneal haze, keratic precipitates, limbal injection in a patient with previously clear graft. This has been further outlined and clarified in Methodology section of manuscript (lines 80 & 81)

2. The references are too old. Are there relevant study in the recent 5 years?

Response: We admit that references are not very recent. We hope the reviewer would appreciate and consider the paucity of related articles which was the rationale of our study question. Actually we were hardly able to find only 2 references within the past 5 years. Actually the literature gap in the articles studying AS-OCT in graft rejection was the motive beyond choosing this point as a study question trying to fill this knowledge gap. We hope this could be our excuse for giving few recent references and we hope this could be appreciated by the reviewers.

3. The authors stated that early rejection signs could be missed on routine examination. How did they diagnose the graft rejection?

Response: Graft rejection Was diagnosed by development of corneal haze, keratic precipitates or limbal injection with recent diminution of VA in a patient with previously clear graft. Any of these signs even in mild grade was considered as graft rejection. We modified this point in the methodology section of the edited manuscript to make it more clear (line number 80,81).