



### REVIEWER'S REPORT

**Manuscript No.: IJAR- 58070**

**Title: A Case Report of Corneal Tear Repair**

**Recommendation:**

**Accept after minor revision**

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality			✓	
Clarity			✓	
Significance	✓			

**Reviewer's ID: Bilqees Hamza**

#### *Detailed Reviewer's Report*

The manuscript titled "A Case Report of Corneal Tear Repair" presents a clinically relevant documentation of an ophthalmic emergency secondary to penetrating ocular trauma. Managing corneal lacerations is a critical facet of emergency ophthalmology, where delayed or improper intervention directly correlates with profound, permanent visual morbidity. The paper is structured to provide an educational overview, bridging corneal anatomy and physiological healing dynamics with practical, step-by-step surgical management guidelines and an illustrative patient case report. The inclusion of specific details regarding corneal innervation, structural dimensions, and cellular regeneration curves provides a necessary baseline for understanding the extreme pain, risk of infection, and potential for fibrotic scarring associated with full-thickness ocular wounds.

The clinical presentation described in the case report—a 36-year-old male presenting with a knife injury to the right eye, severe pain, photophobia, a shallow anterior chamber, and uveal tissue prolapse—accurately depicts a classic open-globe injury pattern. The authors successfully outline the preoperative protocols, noting the importance of avoiding intraocular pressure measurements when a full-thickness laceration is suspected, applying a rigid eye shield, and initiating early antibiotic and tetanus prophylaxis. The surgical discourse correctly emphasizes the technical principles of primary closure, highlighting the "no-touch" technique, the necessity of a 90% stromal depth pass to prevent posterior wound gape, and astigmatic considerations such as varying suture length from the periphery to the center to protect the visual axis.

**REVIEWER'S REPORT****Suggested Improvements**

Despite the high clinical relevance of the subject matter, the manuscript suffers from significant structural disorganization, mechanical formatting issues, and extensive copy-editing oversights that must be systematically resolved prior to publication. The most jarring structural defect is the sudden interruption of the case report narrative. The text outlines the patient's initial presentation, details the visual acuity (perception of light in the right eye), and displays the ophthalmic examination results in a comparative table. However, immediately following Figure 1, the manuscript abruptly halts the case description and reverts back to generalized textbook protocols under "Preperation" and "Surgical Management". The actual chronological sequence of what happened *to this specific patient* during surgery and his specific long-term visual recovery timeline is entirely lost or blurred by generic step-by-step surgical guidelines. The authors must split the text cleanly: finalize the comprehensive literature review on surgical techniques first, or integrate the patient's individual surgical parameters directly into the case narrative to restore clinical coherence.

Furthermore, the document contains numerous typographical errors, spelling inconsistencies, and formatting failures that severely detract from its professional presentation. The word "REPORT" in the section header is misspelled as "CASE REOPRT". In the description of the figures, the patient is repeatedly referred to as a "patent" in phrases such as "patent's eye photo on (day 0)" and "patent's eye photo on (day 1)". Under the ocular examination table, standard clinical abbreviations like Seidel's test are misspelled as "Seidal test," and the abbreviation for "on examination" (\$O/E\$) is presented without context. In the keyword section, the term "corneal suturing" is cut short as "corneal suturin". Additionally, repetitive words and broken sentences occur frequently, notably in the disclosure section which states "All the photographs used in this journal hav have been published," and in the postoperative list where drop abbreviations are compressed haphazardly (e.g., "\$E/d\$ Moxifloxacin 0.5% 1d QID"). These errors must be meticulously expunged through intensive copy-editing.

The reference section is also incomplete and poorly maintained, displaying multiple formatting discrepancies. The numbered list jumps erratically, completely skipping indices 5 and 6, transitioning directly from Parson's Diseases of the Eye (numbered 4) to Macsai MS (numbered 7). Reference 11 appears cut off, ending abruptly with the publisher's location, and Reference 12 lacks its concluding journal pagination and publication date. Furthermore, the manuscript contains stray layout artifacts, such as the capitalized phrases "UNDER PEER IN IJAR" and "UNDERREME," which appear to be residual internal tracking notes or watermarks that were accidentally baked directly into the submission prose.

**Editorial Decision****Decision: REJECT IN ITS CURRENT FORM / RESUBMIT AFTER MAJOR REVISION**

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## REVIEWER'S REPORT

### Justification

The core educational value of this case report is clear, as it highlights essential surgical principles necessary to achieve a watertight corneal closure and minimize post-traumatic astigmatism. However, the manuscript cannot be accepted in its current state due to the structural fragmentation of the case report section, which blends individual patient data with generalized operative guidelines rather than tracking the patient's specific intraoperative timeline and progressive visual acuity outcomes. This structural issue, compounded by extensive typographical errors ("reopr", "patent," "suturin"), missing reference numbers, and left-over editorial watermarks, undermines the academic integrity of the paper. The authors are strongly encouraged to restructure the narrative into a traditional case-report format, complete the missing bibliographical details, correct the linguistic errors, and resubmit the revised manuscript for further peer review.