Dear editor of World Journal of Clinical Cases

Enclosed is the revision of our manuscript (Manuscript NO.: 63038, Case Report), entitled “Delayed Diffuse Lamellar Keratitis After Small-Excision Lenticule Extraction related to IgA Nephropathy: A Case Report”. Thank the reviewers for their constructive suggestions for the improvement of our manuscript, we have carefully considered the reviewers’ comments. Our manuscript has been revised in accordance with the reviewers’ comments as follows.

Reviewer: 1
Response: Thank you for your advice! We have corrected the manuscript in accordance your advices.

1. In abstract- background "del`ayed" pelase correct it.
Response: Thank you for your advice! According your advise we had "deladyed" changed for "del`ayed" in abstract- background of our manuscript.

2. In background, there are missing spaces, please add space.
Response: Thank you for your advice! According your advise we had add space in backgroud.

3. in result section, authors have mentioned that albumin and other parameters have increased or decreased. How authors conlcude increase or decrease. Does they have baseline or earlier values. Please include them in manuscript.
Response: According your advise all albumin and other parameters have increased or decreased we had include its reference values : “Biochemical examination showed a serum albumin level of 30.0g/l (reference values is 35-55g/l). Routine urine examination showed the following findings: urine albumin (+++) and occult blood (+++). Protein electrophoresis yielded the following findings: albumin: 55.1% (reference values is 53.8-66.1%); α1 globulin: 5% (reference values is 1.1-3.7%); α2 -globulin: 14.3% (reference values is 3.2-6.5%)."
4. In discussion section, authors should provide reference for "IgA abnormalities in plasma may directly result in sIgA and IgM abnormalities in tears, so abnormal ocular surface conditions cause ocular corneal and conjunctival inflammation". Though the discussion, the referencing is very poor.

Response: This is an important question! We have referred more articles to further explain “the correlation between SIgA and DLK”. As shown below:

Ocular involvement in patients with IgA nephropathy is rare, however, the most frequent association occurs with scleritis, episcleritis keratoconjunctivitis, uveitis, retinal vasculopathy. To our knowledge, there are no studies that directly show delayed DLK after smile and IgA nephropathy. Tears contain a large number of SIgA and small amounts of IgA, tear SIgA and serum IgA have the common antigenicity. SIgA of tears is an important part of ocular surface function antibodies. IgA of tears is 3-8 times than of the blood. IgA abnormalities in plasma affected by abnormal blood may result in sIgA and IgM abnormalities in tears to ocular corneal and conjunctival inflammation. Unfortunately, we did not detect the IgA in tears. Unfortunately, we did not detect the IgA in tears and interface washing fluid.


5. References should be included after every justification or statement. Authors have not discussed, why steroidal therapy failed?

Response: Thank you for your advice! As we know IgA nephropathy needs sufficient dose of glucocorticoid therapy, in our case glucocorticoid is too little to get curative effect and ocular surface drugs cannot reach the flap interface in early time. Until 2 years later this patient is still receiving a maintenance dose of glucocorticoid.

6. Authors have mentioned that it is a rare case of delayed DLK. But there are other similar case (BMC Ophthalmol 17, 244 (2017)). Please mention this in discussion.
Response: Thank you for your advice! We mentioned this in discussion

“Meiyan Li reported a DLK occurring 4 years after SMILE because of trauma and it had cured by intensive topical corticosteroids eyedrops[21]. As we know IgA nephropathy need sufficient dose of glucocorticoid therapy, in our case glucocorticoid is too little to get curative effect and ocular surface drugs cannot reach the flap interface in early time. Until 2 years later this patient is still received a maintenance dose of glucocorticoid.


7. The title should be changed to "Delayed Diffuse Lamellar Keratitis After Small-Incision Lenticule Extraction related to IgA Nephropathy: A Case Report".

Response: Thank you for your advice! We have change the title and some gramatical mistake, highlights or missing space.

8. About the two Approved Grant Application Funding one of the funds is wrong, so we modified it and attach all the funds proof. “The Education teaching reform project of Zunyi Medical College (no. 202009).” we extend deepest apologies for this.

All changes place was highlighted in red. We hope that the revised version of the manuscript is now acceptable for publication in your journal.

I look forward to hearing from you soon. With best wishes,

Yours Sincerely,

Tingting Dan
This document certifies that the manuscript

**Delayed Diffuse Lamellar Keratitis After Small-Incision Lenticule Extraction With IgA Nephropathy: A Case Report**

was edited for proper English language, grammar, punctuation, spelling, and overall style by one or more of the highly qualified native English speaking editors at AJE.

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