Response to Editor

Dear editor:

Thanks for your letter and for reviewers’ comments concerning our manuscript entitled “Bulbar conjunctival vascular lesion combined with spontaneous retrobulbar hematoma: A case report” (Manuscript NO: 71227, Case Report). Those comments are all valuable and helpful for revising and improving our paper. We have studied all comments carefully and have made conscientious correction. The main corrections in the paper and the responds to the reviewers’ comments are as follows; We tried our best to improve the manuscript and made some changes in the manuscript. There changes will not influence the content and framework of the paper. We appreciate for reviewers’ warm work earestly, and hope that the correction will meet with approval. Once again, thank you very much for your comments and suggestions.

Reply to the comments of Reviewer #1:

Comment 1:
Not being sure whether it is a hemangioma or a vascular malformation, I consider it more appropriate to title it as a lesion rather than a malformation.

Response:
Thank the reviewer for raising this question. According to your suggestion, we have changed malformation to lesion in the title.(page 1)

Comment 2:
It should be noted that this is an increase in pressure, since intraocular pressure remains at normal values.

Response:
We thank you for reminding us this important point. we have changed intraocular pressure to high pressure of orbit. (page 2,line 10)

**Comment 3:**
Because these agents are few known outside of China, it is recommended that in this section or in the discussion section discuss the effect or purpose of administering this agent.

**Response:**
Thank the reviewer for raising this question. According to your suggestion, we have added a description of the purpose and effect of this agent.(page 2,lines 18-20)

**Comment 4:**
complete keyword

**Response:**
Thank you for your reminder. According to your suggestion, we have changed key words section from “bulbar conjunctiva; vascular malformation; spontaneous intraorbital retrobulbar haematoma; intraorbital hemorrhage; case report” to “bulbar conjunctival vascular lesion; spontaneous retrobulbar hematoma; intraorbital hemorrhage; nontraumatic orbital hemorrhage; case report”.(page 2)

**Comment 5:**
Clarify if it refers to pharmacotherapy

**Response:**
Thank the reviewer for raising this question. To make it clearer, we change “Medical treatment” to “Pharmacotherapy”.(page 3,line 16)

**Comment 6:**
This text is the same as in the introduction.

**Response:**
We apologize for our error and we have deleted this section.(page 6,line 4)

**Comment 7:**
It is worth discussing whether this case is a "non involuting" congenital hemangioma (NICH) or a "partially involuting" (PICH) hemangioma of infancy. The clinical behavior should be contrasted and the need for a histopathological study to determine the origin of the lesion should be highlighted.
Response:
We appreciate the reviewer's insightful suggestion and agree that it would be useful to discuss the origin of the lesion; however, considering an conservative treatment was taken in this patient, so we think such an analysis is beyond the scope of our paper, which aims only to show that coughing may cause nontraumatic orbital hemorrhage. Nevertheless, we recognize this limitation should be mentioned in the paper, so we added the following sentence "Strictly speaking, to determine the origin of the vascular tissue of the patient's subconjunctival and intraorbital anomalies, a histopathological study is necessary. However, after conservative treatment, the patient's condition was controlled and to avoid further bleeding, pathological samples were not taken." (page 7, lines 6-10)

Comment 8:
Review the ISSVA classification and guidelines to discuss the difference between hemangioma and vascular malformation.

Response:
Thanks for your advise, we have reviewed the ISSVA classification and added a discussion in the text. Please see page 7 of the revised manuscript, lines 1-6.

Comment 9:
It refers to Hass et al. For all references you must check the reference in pubmed.

Response:
We apologize for our error and have changed the section concerned. (page 7, line 15)

Comment 10:
the reference is wrong.

Response:
We apologize for our error and have changed the reference concerned.

Comment 11:
the reference is wrong.

Response:
We apologize for our error and have changed the reference concerned.

Comment 12:
does not appear in pubmed

**Response:**

We thank the reviewer for pointing this out. We searched this reference and found that it was indeed not included in Pubmed, but its quoted content was very important for explaining the emergency treatment of non-traumatic orbital hemorrhage, and no suitable replaceable literature was found, so this reference was not deleted.

**We would like to thank the reviewers again for taking times to review our manuscript.**