

Peer Review File

Article information: <https://dx.doi.org/10.21037/aes-23-3>

Reviewer Comments

Comment 1: Line 99. What percent of patients have prodromal stage?

Response 1: The prodromal phase is characterized by symptoms of meningismus, including malaise, headache, nausea, and neck/back stiffness, which been reported in 52.4% of Chinese patients with VKH (Yang 2019). This information was added to the manuscript.

Comment 2: Line 104-105. Need to be rephrased. 100 percent PPV for SRD means that ALL patients with SRD will have VKH (0 false positive), which is clearly not the case. I know this is a direct quote from Rao et al, and it may be correct for their population, but this is factually incorrect. PPV is influenced by the prevalence of disease in that particular population. If disease is common, PPV for the test will be high, and vice versa. Sensitivity ($TP/TP+FN*100$) and specificity ($TN/TN+FP*100$) will be better measures of this test.

Response 2: Thank you for pointing this out. We reported the sensitivity and specificity and removed the PPV and NPV. A comment was added to clarify that these values were derived from a cohort of patients with bilateral uveitis. PPV and NPV values for sunset glow fundus were omitted.

Comment 3: Line 108. Sunset glow fundus is uncommon in Caucasians (common in Asians, Southeast Asians etc.)

Response 3: The information about sunset glow fundus being less common in Caucasians was added to the manuscript.

Comment 4: Line 123. Peripheral atrophic spots “nummular lesions” need to be added in findings in chronic stage.

Response 4: Thank you for your feedback. Nummular scars were added as a feature of late stage VKH, reported in over 75% of patients presenting 5 week or more after disease onset (Rao 2007).

Comment 5: Line 162. Needs to be rephrased. BALD and SRD are two different entities.

Response 5: The paragraph regarding BALD was rephrased to distinguish it from SRD.

Comment 6: Autofluorescence findings need to be added.

Response 6: Thank you for the suggestion. A section on FAF was added to the manuscript.

Comment 7: Line 164 and para about EDI. Same thing can be done with SS OCT. Please rephrase this.

Response 7: The line introducing EDI-OCT was rephrased.

Comment 8: Line 179. Early pinpoint hyperfluorescence followed by late pooling in SRD would be the correct description.

Response 8: Thank you, this was added to the description.

Comment 9: Line 265. Simplified diagnostic criteria Herbert CP Eye 2021 should be added.

Response 9: Thank you for bringing this up. A section was included about the simplified diagnostic criteria.

Comment 10: We need images of characteristic findings on fundus photos, IVFA, OCT, ICG

Response 10: We have two figures included in the manuscript, please let us know if you would like additional figures.

Comment 11: Line 441. Cyclosporine is rarely used these days due to side effects.

Response 11: It was specified that the study that reported cyclosporine as the most common IMT for VKH was from Japan.

Other revisions were made in the manuscript to include a couple more recent studies that authors found and to improve the overall readability of the article. The references were reordered with the addition of new citations.