Dear Editor-in-Chief of Revista Portuguesa de Pneumologia,

António Martins Morais, M.D., PhD

Thank you for the review of our manuscript.

We believe that the reviewers’ comments will help us improve our paper and after answering their questions we would like to resubmit our paper and publish it in Revista Portuguesa de Pneumologia.

**Reviewer 1:**

* **Thank you for your revisions and taking into account our recommendations, I think the manuscript has been improved. Nontheless, introduction is still too long and deviates attention from the rest of the article.**

Thank you very much for your comment. We decided to remove some content from the text in order to make the introduction more clear and objective and easier to read:

🡪Line 61 to 64: (“Extra-pulmonary TB locations occur mainly in female patients and immunosuppressed patients such as HIV positive subjects3**.** Other authors have identified rheumatologic diseases4 and the use of immunosuppressive therapies such as infliximab5 as risk factors for EPTB.) We also removed the references related to this sentence (references 3, 4 and 5).

🡪Line 65 to 70: (“A prospective study in 1967 reported a 1,46% incidence of OTB in 10 524 patients from a tuberculosis sanitarium6. In 1997 in Spain another prospective but smaller study reported a 18% incidence of OTB in 100 patients7 and in a Malawian prospective study in 2002 there was a 2,8% incidence of choroidal granulomas in 109 patients with tuberculosis.”)

Instead we changed the sentence to “There were prospective studies reporting different OTB incidences, such as 1,46% in a Spanish study conducted in 19676, 18% in another Spanish smaller study in 19977 or a 2,8% incidence of coroidal granulomas in a 2002 malawian study8.”

🡪Line 80 (We removed the subtitle “Clinical manifestations”).

🡪Line 81 to 82 (“and can range from the ocular surface to the optic nerve.”)

🡪Line 85 (“followed by anterior uveitis, panuveitis and finally intermediate uveitis.9,14)

🡪Line 89 (We removed the subtitle “Diagnosis”).

🡪Line 90 to 91 (“Diagnosis is usually presumptive based on epidemiology, clinical findings and positivity of immune response.9)

🡪Line 93 to 94 (“Histologic findings of caseating granulomas are suggestive of the diagnosis.)

🡪Line 112 (We removed the subtitle “Treatment”).

🡪Line 113 to 114 (“There is no standard treatment regimen or length of therapy for ocular tuberculosis.”)

* **In the discussion section authors should be carefull with the generalization of results... this is a small study in only 1 centre in Lisbon, it can not be assumed to represent te entire country reality.**

We agree with you. We changed the sentence to “However, this is a very large district in one of the few metropolitan areas of Portugal, with an influence area of over one million population.” (lines 246 to 248).

* **Also in discussion "Opposite to what has been reported in literature, most of our patients had 268 bilateral ocular manifestations. Maybe this can be explained by an  
  269 hypersensitivity reaction to M. tuberculosis antigens from the infected eye, 270 causing inflammation in the contralateral eye." - hipersensitivity in these cases was previously described to be rare, problably this is not the correct assumption in this case.**

Thank you for your comment. We changed the sentence to “Possibly this can be explained by a secondary infection of the eyes through hematogenous spread.”

Thank you,

Francisca Teixeira-Lopes and Sara Alfarroba