

Dear Editor,

Re: *The Diagnostic Performance of High Resolution Computed Tomography in Otosclerosis*
Manuscript # 33166
World Journal of Clinical Cases

Thank you for the opportunity to revise our above manuscript. We are grateful for the constructive criticism and believe its value is reflected in the revised manuscript attached. We have responded to the comments in a tabulated format point-by-point for ease of navigation below:

Reviewer 1 comment	Response to comment
I would like to mention the following comments: 1- I think the use of only PubMed database is not enough.	Dear Reviewer, Thank you for your review and helpful comments. We have taken these on board and refashioned the manuscript accordingly (see red coloured text in manuscript and below comments). We have now re-searched the literature with the addition of MedLine and GoogleScholar to identify any further English language studies relevant to this manuscript.
2- All keywords in search should be in ".	Thank you. We have amended this.
3- The cross-sectional studies have not been mentioned.	We have rewritten the methods section to clarify the inclusion and exclusion criteria. We have included level III cross sectional studies.
4- The case series and case reports have been excluded but in the table, there are level V studies. This is misleading.	We agree this is misleading and have removed this table.
5- The sentence "All studies used control groups" is not correct. There were also case series and case reports.	We have amended this to read 'All analysed studies used control groups.' We have excluded all level IV and V data.
6- The explanations about exclusion of some studies are not necessary. It was enough to only exclude them at the first step by considering the exclusion criteria.	Thank you. We have amended this section to prevent repetition.
7- Were the studies comparable? Was it correct to pool them together?	We have described this further in our limitations. Thank you for highlighting this.
8- Discussion is better to rewrite with more clear message. Good Luck	We have restructured the discussion to ensure it is more concise.
Reviewer 2 comment	Response to comment
Otosclerosis is a bony dyscrasia of the inner ear otic capsule. High-resolution computed tomography (HRCT) has a significant role in imaging the labyrinthine and bony capsule of the temporal bone. The extent of otosclerosis into the cochlear capsule can be quantitatively	Dear Reviewer, Thank you for your interest and review of this article alongside the constructive criticisms. In light of these, we have condensed and restructured the manuscript (see red coloured text in manuscript and below comments).

<p>evaluated using densitometric measurements. In this manuscript, the authors focused on the sensitivity and specificity of HRCT in the diagnosis of Otosclerosis. This systematic review indicates that HRCT is a useful imaging method in diagnosis of otosclerosis (HRCT has a high specificity (98%) and low sensitivity (63%) in diagnosing otosclerosis), supported by Level III evidence. This review has some significance for clinicians and researchers working.</p> <p>However, there are several major issues that need attention. Abstract : "No statistical techniques were used."-- Statistical methods should be used to analyze and summarize the results of the included studies.</p>	<p>Specifically, we have removed this sentence and explained in the Methods section how the descriptive statistical analysis was performed using MedCalc.</p>
<p>Introduction--The rationale of the study is not sufficiently explained.</p>	<p>Thank you for the comment. We have added a final paragraph explicating in the Introduction to state the aim more clearly.</p>
<p>Methods--Reports of systematic reviews must include a completed PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) checklist and flow diagram to accompany the main text. The sample size is too small, and the results presented are too preliminary and do not fully support the conclusions.</p>	<p>Both the conclusion and limitations sections have been re-written to reflect the available evidence and to avoid overly robust statements, which are not supported by the available literature. We agree that the sample size is low but these are the only available level I-III data available in the current literature and this article represents the largest pooled dataset described in the literature. In addition, we have added a PRISMA statement in the results section and the checklist is available as a supplementary file.</p>

Thank you.

Kind regards,

Mr T Kanzara LLB(Hons) MRCS (ENT)

Mr J S Virk MA MRCS DOHNS