

Format for ANSWERING REVIEWERS

November, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14042-review.doc).

Title: Revision surgery for otosclerosis: an overview

Author: Sertac Yetiser

Name of Journal: *World Journal of Otorhinolaryngology*

ESPS Manuscript NO: 14042

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

3 References and typesetting were corrected

Thank you again for publishing our manuscript.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Sertac Yetiser', with a stylized, cursive script.

Sertac Yetiser

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ANSWER TO THE REVIEWERS

Answers to Editorial questions.

1. All changes and revision were highlighted with yellow color.
2. "Core tip" section was included.
3. "Running title" was added
4. "Authors contribution" section was revised and simplified
5. Space between the references and the last sentence was removed.
6. The table was revised and simplified
7. Legends for figures and tables were revised
8. Figures were converted to "power point" form in such that the editing is available.
9. Subtitles were revised in capital letter.
10. References were reviewed again for their PMID or DOI codes.
11. Other changes and revisions as stated by the reviewers were as follows.

Reviewer-I

This is a review regarding revision surgery for otosclerosis. It is well-written and easy to read with number of items in the manuscript. I recommend publication in WJO after minor revision. #1 It is not so common to observe deeply inserted piston as in Fig. 4. In such cases, how is the course of vertigo or hearing loss? Even when the position of the piston is not deep, some patients complain of transient vertigo after stapes surgery. Is there any relationship between the transient vertigo and hearing gain after the first or revision surgery? #2 Cochlear otosclerosis occasionally accompanies sensorineural hearing loss. I hope some additional description regarding conditions of oval and round windows, promontory findings including Schwartz sign in cochlear otosclerosis. #3 There is no "biscuit footplate" in PubMed. Explain it.

Answers

1. As stated in the "revision surgery for post-operative balance problem" subsection that patients may have a temporary balance problem for a couple of days after surgery. The following sentence was added to clarify the issue of temporary balance problem which is a normal condition often times "There is usually no relation between the transient vertigo and hearing gain after surgery". The following sentence was added to clarify the type of balance problem in patients with long stapes prosthesis "Symptoms are worse with head

movement and after Valsalva maneuver. However, hearing loss may not accompany the vestibular problem.”

2. The description of cochlear otosclerosis was included in the “epidemiology, ethiology and incidence” section. Therefore the following sentence was added “On the other hand, cochlear otosclerosis could be the main cause for those with slowly progressive sensorineural hearing loss and there is no indication for revision surgery. Cochlear otosclerosis causes damage to the organ of Corti and stria vascularis. Venous congestion and abnormal blood circulation leads to hyalinisation of spiral ligament^[1]. Ear drum looks like more reddish than it was before. Increased blood flow of the promontrium vessels gives a typical finding to the tympanic membrane, so-called “Schwartz sign”^[2]. Linear perilabyrinthine decalcification as seen on the temporal bone CT scanning provides diagnostic finding (Figure-1)^[3].” Three more references and one figure were also included (references 1,2,3 and Figure-1).
3. The term of “Biscuit footplate” defines thin and fragile footplate. But, this is clearly not related with the middle ear problems that lead to revision surgery. Therefore, this sentence was removed.

Reviewer- 2

This is a detailed and thorough review on revision surgery for otosclerosis. The authors have reviewed the relevant literature and the manuscript contains useful information. However, the paper lacks a solid structure. Some information is repeated and this is tiresome for the reader. Major comments: 1. the section 1.1 on epidemiology and incidence could be incorporated in the main body of the manuscript. Information on incidence and epidemiology appear throughout the whole manuscript anyway. 2. A more solid structure might have a much greater "educational" impact. For example a proposed structure that might be of help could be as follows 1. revision surgery for air-bone gap after primary surgery 1a. middle ear problems (a prosthesis problems, b other middle ear problems etc etc) 1b. inner ear problems (anterior canal dehiscence, otosclerosis with cavitations, meniere etc) 1c. external ear problems 1d. other 2. Revision surgery for balance problems 3. For sensorineural hearing loss 4. patient counselling etc Each section might be structured (incidence-clinical findings-surgical findings-surgical treatment and expected outcome). In the surgical planning section there are too many questions presented. However, if the questions

are not answered in the following paragraphs, or if the questions have already been answered earlier in the manuscript, this is tiresome for the reader. The new information of this section could be incorporated in the previously mentioned subsections. A more structured abstract may also be more helpful for the reader. In conclusion, this is a very detailed manuscript, containing helpful information and reflecting the experience of experts. A more solid structure may improve the presentation of the diagnostic dilemmas and treatment options and outcomes in revision surgery for otosclerosis.

Answers

1. The related information was combined in order to prevent repetition (especially incidence and epidemiology)
2. The structure of the paper was revised as possible as the reviewer's comments. However, it is not practical to do some sections separately like "revision surgery for balance problems" and "for sensorineural hearing loss" since patients may have neurosensoral hearing loss and associated vestibular problems, as well. Therefore, the best way seemed to be as follows to provide more a solid structure.
 - a. The numbering of subtitles was removed.
 - b. The order of "revision surgery for post-operative balance problem" and "hearing results following revision surgery" sections was ex-changed and the order of references was revised as well.
 - c. The title of the section "epidemiology and the incidence" was revised as "epidemiology, incidence and ethiology" and related information was put in this section.
 - d. The title of the section "surgical planning for revision surgery" was revised as "patients counselling and surgical planning" and related information was put in this section
 - e. The section "patients counselling and surgical planning" was moved after the section "epidemiology, incidence and ethiology" and the order of references was revised as well.
 - f. Repeated parts have been removed.