

The case study by H Zhang and BT Kotecha reports on the effect of intranasal stenting in upper airway patency.

In general, the article carries an important clinical input,

The article is suitable for publication in WJO after revision of the manuscript taking in account the following comments:

1. The article lacks focus. The authors need to clarify the indications of nasal stenting and to specify its application in which type of nasal obstruction and the level of nasal obstruction.

This has been edited in the introduction with the following:

*A variety of devices exist to treat nasal obstruction, ranging from nasal valve dilator devices (Max-Air Nose Cones) to external devices (Breathe Right nasal strip), and these have been shown to improve nasal airflow[1]*

*Nasopharyngeal stenting, which splints open the velopharynx, has been used to treat sleep disordered breathing [2], and plays a role in surgical planning for Obstructive Sleep Apnoea (OSA) [3, 4]. Previous studies of nasopharyngeal stenting devices have shown reduced snoring and obstructive sleep apnoea (OSA) as evidenced by an improvement in audiometric data and the apnoea-hypopnoea index (AHI) during sleep [5]. These devices however, are not designed to splint the nasal airway and to improve the nasal breathing.*

2. In the Method section please explain the exact method of insertion supplemented by schematic representation if possible.

*A schematic has been added to figure 1, and explanation in the text.*

3. Are the rhinomanometry measurements represent the mean of three or more readings performed over 2 hrs or so, to exclude the effect of nasal cycle alternation?.

*Yes, the rhinomanometry measurements represent the mean readings performed. This has been clarified in the text.*

4. In the discussion section the authors mentioned improvement of the right nasal passages with regular nightly use of the stents despite the deviation of the nasal septum. They need to explain why this effect happened since the MRI images do not show effect in the septal deviation.

*This has been clarified in the discussion: Although there was no resolution of the septal deviation, the nasal airway on the narrow side improved with measurements on MRI.*