

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 88573

Title: A mortal condition in an unusual localization; Analysis of isolated tongue and tongue base abscesses

Provenance and peer review: Invited Manuscript; Externally peer reviewed

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Reviewer's code: 02440467

Position: Editorial Board

Academic degree: MD

Professional title: Academic Research, Adjunct Professor, Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: Turkey

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This article on tongue abscesses (TA) presents valuable clinical information and findings. I would like to highlight some points that can enhance the scientific value of the manuscript in order to emphasize its importance and clinical relevance: Rare But Critical Condition: this makes TA a challenging to diagnose and treat; Can we estimate the percentage of tongue abscesses among oral infectious emergencies ? Could you please give us an idea of the risk of life-threatening consequences, especially those related to airway obstruction and sepsis? Very rare? Rare? Possible and unpredictable? Potential for Respiratory Collapse: Please highlight the critical nature of tongue abscesses, especially those located at the base of the tongue. Emphasize a little more clearly that they can lead to sudden respiratory collapse, necessitating quick intervention and potential tracheotomy or emergency cricothyroidotomy. This would better underscore the urgency of early diagnosis and appropriate management. Largest Patient Series: This article is special because it presents the largest patient series on tongue abscesses in the literature. Can you emphasize the importance of a multidisciplinary approach to tongue abscesses a little bit more clearly? Highlight that a

team of otolaryngologists, infectious disease specialists, and surgeons may be needed to manage these cases effectively. Laboratory Parameters: You stressed the significance of laboratory parameters such as NLR (Neutrophil-to-Lymphocyte Ratio) and PLR (Platelet-to-Lymphocyte Ratio) in assessing the severity and prognosis of tongue abscesses. Do these parameters really assist in making decisions about treatment and hospitalization?. Risk Factors: Point out potential risk factors for tongue abscesses, such as immunosuppression, poor oral hygiene, and certain medical conditions. Are healthcare providers able to identify individuals at higher risk for relapse using this information? Treatment Approach: The importance of surgical drainage for abscesses larger than one centimeter. Discuss the types of operative procedures used and their outcomes in particular when an incision should be utilized and when a simple aspiration. Highlight the importance of early surgical intervention to prevent complications and the role of immediate antibiotic treatment to decrease the risk of endocarditis. Clinical Implications: Discuss the clinical implications of this study, such as the need for increased awareness among healthcare providers about the possibility of tongue abscesses, especially in patients with risk factors. Put a little more emphasis on the importance of prompt diagnosis and treatment. Future Research: Please suggest if further multicentric studies in this area could better explore diagnostic tools (CT scan?) or clinical criteria that can aid in early detection and differentiate tongue abscesses from other conditions with similar symptoms or tumor associated conditions.

Answer the Reviewers

TA is a rare clinical condition that is seen much less frequently than deep neck infections (DNIs), which are common diseases in otorhinolaryngology clinics. Therefore, we believe that it is not correct to state the incidence for the disease.

To prevent complications, it is important for the clinician to take a decisive stance and act quickly if drainage and elective local tracheotomy are indicated.

Posterior lingual abscesses may result in sepsis, mediastinitis, and fatal airway obstruction^[13]. Although rates for airway obstruction, sepsis, and mediastinitis are given for DNIs in the literature^[11], unfortunately these cannot be stated clearly for TA. We think that airway obstruction and sepsis may be a bigger problem for TA. Because the tongue is a muscular organ, it does not have potential spaces and fascias like the neck, and therefore the increased abscess size will directly cause collapse in the upper airway. Another important situation is that the tongue base is one of the most important anatomical formations of swallowing and upper airway breathing. The size of the abscess between the vallecula and tongue base may cause direct passage collapse and make possible elective or semi-elective intubations impossible. It should not be forgotten that there is always the possibility of emergency tracheotomy in this patient group, and if the indication occurs, this situation can be dramatic for the patient and the doctor. We think that due to the high blood supply and arterial network of the tongue, it is more susceptible to septic microemboli and the rate and probability of leading to sepsis may be higher than DNIs.

It should not be forgotten that there may be tumoral lesions that occupy space in the differential diagnosis of the disease and contrast-enhanced imaging methods can always be preferred.

Since it is an atypical disease, an infectious disease specialist should be asked about empirical antibiotics within the framework of a multidisciplinary approach and revised antibiotics based on the bacteriological result of the abscess content.

NLR and PLR are among the recent trending fields of study in otorhinolaryngology and are thought to be useful in predicting hospitalization time and bacterial inflammation status, especially in DNIs patients. In particular, the fact that NLR is a significant marker in odontogenic DNIs may be the subject of a new and original study with a large case series in the group of patients with tongue abscess who have predisposing factors of



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poor oral hygiene. Systemic additional diseases that cause immunosuppression and diseases that create an insidious clinical course, such as HIV, can cause serious problems in cases of tongue abscess. We routinely monitor hemogram, biochemical parameters and CRP in all our patients to whom we perform drainage and puncture, and request a preoperative serological marker for viral diseases such as Hepatitis B, C and HIV, which are transmitted through blood and contact. Depending on the status of additional diseases, we take the advice of the relevant branch and treat this serious illness with a multidisciplinary approach.