

We really appreciate your sincere review. Here's a point-to-point summary of our answers.

Reviewer #1: Nasal fracture is a common disease. However, there are few studies on its nasal ventilation. The authors reported an interesting study and provided some evidences. The results showed that turbinoplasty is more helpful to prove nasal obstruction. I appreciate the author's efforts. I believe this article can provide some new and useful information to the readers. So, acceptance should be recommended for this manuscript.

Our answer: We really appreciate your review.

Reviewer #2: 1. There were some grammatical and syntactic mistakes in the manuscript. For example, page 18, line 10, the sentence "After 4 weeks, all patients were satisfaction." was not appropriate. 2. Please provided typical nasal endoscopic images of patients if possible. 3. The evaluation of nasal symptoms was visual analogue scale (VAS)? Please gave a concise explanation. 4. Please gave an explanation of the Stranc classification system. 5. Characteristics of all patients should be presented as a Table. 6. Why was the follow-up duration not 12 weeks?

Our answer:

1. There were some grammatical and syntactic mistakes in the manuscript. For example, page 18, line 10, the sentence "After 4 weeks, all patients were satisfaction." was not appropriate.

→ We apologize for inappropriate sentences. A whole-text revision was made for grammar correction.

2. Please provided typical nasal endoscopic images of patients if possible.

→ Your point is indeed valid. Unfortunately, we are unable to provide nasal endoscopic images as they have not been saved. We kindly request your understanding in this matter.

3. The evaluation of nasal symptoms was visual analogue scale (VAS)? Please gave a concise explanation.

→ Yes, we have assessed the nasal symptoms using the VAS scoring method and would include detailed explanations for evaluation of nasal symptoms with VAS score in 'Discussion' section.

Page 6-13: The VAS is a psychometric measurement instrument widely used in the field of rhinology and other fields to subjectively quantify patient symptom severity [17].

Page 10-30 to 11-6: Symptom relief was assessed using a visual analog scale (VAS). The VAS comprises a 10 cm horizontal line with word anchors at each extremity

representing the range of extreme feelings. The patients were instructed to mark the point on the line that best corresponded to their current status concerning the specific characteristics under evaluation. Owing to its high sensitivity, reliability, and reproducibility, the VAS is straightforward for patients and healthcare providers. Because it does not require training, the VAS serves as an invaluable tool not only for routine clinical practice but also for real-world studies[27].

4. Please give an explanation of the Stranc classification system.

→ We provided explanations regarding the Stranc classification system at Discussion section, but we would add more detailed explanations and references about the classification in 'Materials and Methods - Study design' and 'Discussion' section.

→ **Page 6-17:** The Stranc classification simultaneously reflects the direction of impact and the degree of damage, enabling a comprehensive and practical classification of nasal bone fractures, and consideration of the direction of impact[6].

Page 11-11: The Stranc classification method offers an all-encompassing and pragmatic approach to categorizing nasal bone fractures, considering both the direction of impact and extent of injury concurrently. By factoring in the direction of impact, it is possible to predict specific classifications based on the cause. In addition, this method assesses the value of each subgroup depending on the severity of damage. This approach generates valuable insights for devising treatment principles and yields objective data for anticipating and clarifying treatment prognoses[28].

5. Characteristics of all patients should be presented as a Table.

→ We would add the patient demographics as Table 1.

6. Why was the follow-up duration not 12 weeks?

→ As you kindly pointed out, we set the clinical follow-up period relatively short at 8 weeks, compared to the 12 weeks used in other studies. This is due to our hospital's standard follow-up period is 8 weeks. We sincerely appreciate your observation and have included a detailed explanation in the 'limitations' section.

Page 12-25: Another limitation of this study is the relatively short follow-up period of 8 weeks, compared to the typical follow-up duration after reduction of nasal bone fracture is usually set at 12 weeks. However, our study successfully demonstrated statistically significant improvements in nasal obstruction symptoms within the 8-week follow-up timeframe, confirming the efficacy of inferior turbinate outward osteotomy in alleviating nasal obstruction.