

Jan. 23, 2015

Dear Editor,

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

**Title:** Why use tympanometry in general practice; a review

**Author:** Jørgen Lous

**Name of Journal:** *World Journal of Otorhinolaryngology*

**ESPS Manuscript NO:** 15128

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 00742013**.

(1) *Erroneous descriptions about pediatric OME/AOM:* I do not understand this statement. No examples are given. I have published in this field in 38 years. And I have read most published literature on pediatric OME/AOM during this period. I have been a member several international panels discussion and describing otitis media, latest the 10<sup>th</sup> Research Conference on Recent Advances in Otitis Media (Marchisio P, Chonmaitree T, Leibovitz E, Lieberthal A, Lous J, Mandel E, McCormick D, Morris P, Ruohola A. Panel 7: Treatment and Comparative effectiveness Reseach. Otolaryngology - Head and Neck Surgery, 2013; vol 148, suppl. 4, E102-21).

(2) *English expressions are immature.* I am not a daily English speaking person. For that reason my manuscript have been proff read by linguistic expert who have lived in UK for many years.

(3) *Small ear canal and cerumen hinder the exam by pneumatic otoscopy. However, those factors can disturb the tympanometry. In addition, the tympanometry is less reliable than pneumatic otoscopy or otomicroscope.* I agree on pneumatic otoscopy is more reliable than tympanometry when done by an experienced ENT-physician on a cooperative child. Tympanometry is a supplement or an alternative. Pneumatic otoscopy is difficult to use. I have as school health officer used pneumatic otoscopy and tympanometry in school children since 1978, after internship at an ENT-department in 1975-6. When I in a child found discrepancy between the two, the tympanometer most often was right, when redoing both.

My review is how to do in general pactice. I will just refer to the "Korean Clinical Practice Guidelines: Otitis media in Children" (J Korean Med Sci 2012;27:835-48) on page 837 the describe how to diagnose AOM by using otoscopy and tympanometry without mention pneumatic otoscopy.

(4) *Authors must read several clinical guidelines...*

As a member of the Danish working group on National Clinical Guidelines on diagnosing and treatment otitis media I have read all the mentioned guidelines. In the working group we will recommend more use of tympanometry in general practice to improve the diagnosis in children with symptoms on otitis media.

**Reviewer 00770776**

No comments

**Reviewer 00503703**

(5) *A comment on the practice and findings of multi-frequency tympanometry (MFT) in OME patients as well as a comparison between standard tympanometry and MFT would add to the completeness of the discussion.*

A short statement is added to the last part of the review. And two references are added.

(6) References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Otorhinolaryngology*.

I have been asked to make a sound-file with my own recommendation to read the review. I must say I do not have done that before, and I have not the soft- or hardware to do that. I hope that is acceptable.

Sincerely yours,

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