

ESPS Peer-review Report

Name of Journal: World Journal of Otorhinolaryngology

ESPS Manuscript NO: 4023

Title: Classic clamp-and-tie total thyroidectomy for large goiters in the modern era: to drain or not to drain?

Reviewer code: 00503773

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-06-12 13:42

Date reviewed: 2013-06-17 15:06

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

I read the manuscript named " Classic clamp-and-tie total thyroidectomy for large goiters in the modern era: to drain or not to drain?" and my recommendations are as follows; This manuscript is well written and documented. This manuscript is important because it clarifies a topic under debate in thyroid surgery. I think that this manuscript is suitable and worth to be published in World Journal of Otorhinolaryngology.

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Reviewer code: 00503723

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-06-12 13:42

Date reviewed: 2013-06-21 01:50

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The authors tried to evaluate the role of drains after total thyroidectomy surgery. This attempt did not bring results because of the following reasons: 1. The chosen methodology was not concentrated on one objective - the drains, and involved numerous data that was not statistically evaluated or used to answer the question about the necessity of a drain. SGOT, SGPT, LDH, Glc, Ure, Cre, K⁺, Na⁺, Mg²⁺, TP, ALB, fT₃, fT₄, TSH, PTH, PT, aPTT, INR, Ht, Hgb, WBC - did you find any connection between these data and the drain? Was transient hypoparathyroidism taken into account in case of drains? If not, why the readers need to know this information? 2. What are the results? If the patients were properly randomized into two groups, we do not expect to find any differences between the groups in age, gender, body mass, etc. and this portion of the Results is useless. Any correlation between body mass and drain discomfort? Any correlation between drain discomfort feeling and any other variance? If no, why to report all this? Therefore, the only true result is expressed in one single phrase: "40 patients of group D and 9 patients of group ND had the sentiment of discomfort (p<0.001)". 3. Discussion is misleading and not connected to the drain question. Half of it can be safely removed from the paper. 4. Conclusion. While the authors do not answer the question "to drain or not to drain" and do not put an exact recommendation leaving all to the judgement of a surgeon, the paper has no conclusion.

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Name of Journal: World Journal of Otorhinolaryngology

ESPS Manuscript NO: 4023

Title: Classic clamp-and-tie total thyroidectomy for large goiters in the modern era: to drain or not to drain?

Reviewer code: 00289566

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-06-12 13:42

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors have studied the potential benefits of drainage after total thyroidectomy in cases where no advanced hemostatic instruments were used. I have a few comments to be addressed. 1) There was quite a bit of drainage noted (70+cc on average) before the drains were pulled. Were these all pulled at the 24 hr mark? If they put out significantly more, were the drains left in for a longer period of time? 2) Can the authors clarify what is meant by the 'discomfort' reported as opposed to the VAS pain scale reported? How is this different? 3) One of the potential benefits of the drain may also be perhaps a quicker recovery as the fluid has been removed. Did the authors look at any postoperative variables more than just in the hospital? Did patients report less edema or a quicker recovery in any way? 4) One of the potential downsides to the use of the drain is the cosmetic result of a separate puncture site or a wider incision/scar. Did the authors obtain data from the patients about the perception of their incisions? 5) there are significant grammatical and typographical errors that will need to be corrected.