

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Otorhinolaryngology

ESPS manuscript NO: 14042

Title: Revision surgery for otosclerosis: an overview

Reviewer code: 00253485

Science editor: Yue-Li Tian

Date sent for review: 2014-09-16 18:09

Date reviewed: 2014-10-02 01:11

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"/> Existing	<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"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a detailed and thorough review on revision surgery for otosclerosis. The authors have reviewed the relevant literature and the manuscript contains useful information. However, the paper lacks a solid structure. Some information is repeated and this is tiresome for the reader. Major comments: 1. the section 1.1 on epidemiology and incidence could be incorporated in the main body of the manuscript. Information on incidence and epidemiology appear throughout the whole manuscript anyway. 2. A more solid structure might have a much greater "educational" impact. For example a proposed structure that might be of help could be as follows 1. revision surgery for air-bone gap after primary surgery 1a. middle ear problems (a prosthesis problems, b other middle ear problems etc etc) 1b. inner ear problems (anterior canal dehiscence, otosclerosis with cavitations, meniere etc) 1c. external ear problems 1d. other 2. Revision surgery for balance problems 3. For sensorineural hearing loss 4. patient counselling etc Each section might be structured (incidence-clinical findings-surgical findings-surgical treatment and expected outcome). In the surgical planning section there are too many questions presented. However, if the questions are not answered in the following paragraphs, or if the questions have already been answered earlier in the manuscript, this is tiresome for the reader. The new information of this section could be incorporated in the previously mentioned subsections. A more structured abstract may also be more helpful for the reader. In conclusion, this is a very detailed manuscript, containing helpful information and reflecting the experience of experts. A more solid structure may improve the presentation of the



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diagnostic dilemmas and treatment options and outcomes in revision surgery for otosclerosis.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Otorhinolaryngology

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
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<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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 type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is a review regarding revision surgery for otosclerosis. It is well-written and easy to read with number of items in the manuscript. I recommend publication in WJO after minor revision. #1 It is not so common to observe deeply inserted piston as in Fig. 4. In such cases, how is the course of vertigo or hearing loss? Even when the position of the piston is not deep, some patients complain of transient vertigo after stapes surgery. Is there any relationship between the transient vertigo and hearing gain after the first or revision surgery? #2 Cochlear otosclerosis occasionally accompanies sensorineural hearing loss. I hope some additional description regarding conditions of oval and round windows, promontory findings including Schwartze sign in cochlear otosclerosis. #3 There is no "biscuit footplate" in PubMed. Explain it.