

## Review Form 1.6

Journal Name:	<a href="#">Journal of Advances in Medicine and Medical Research</a>
Manuscript Number:	Ms_JAMMR_84716
Title of the Manuscript:	Evaluation of Unilateral Sinonasal Lesions
Type of the Article	Original Research Article

### General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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**PART 1: Review Comments**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p><b>Compulsory</b> REVISION comments</p>	<p>Dear Ladies and Gentlemen, Dear Journal-Team, the manuscript 'Evaluation of unilateral sinonasal lesions' describes the histopathology and laterality of sinonasal lesions in 100 patients. It is well planned. Figures and tables are illustrative.</p> <p>a) Do you have an explanation for the named laterality of the diseases? For interest, was the laterality in accordance with the handedness? b) You can list the type of surgery performed, but a statistical analysis is too much.</p> <p>c) Please check the table legend 1 for spacing between age and sex'; name in Table 2 shortly, why the number is bigger than 100.</p> <p>d) Figure 1, first column: Change to 'no postoperative residuum'.</p> <p>e) References: Check the author names in reference 13 for accuracy.</p> <p>f) Language improvements: Please change to: 1. Abstract, results: 'were the most significantly affected sinuses in the malignant tumor group and more affected than both the inflammatory disease group and benign tumor group, while the last'. 2. Abstract, results: 'Radiology was insignificantly different among the three groups'. 3. Abstract, results: 'Preoperative biopsy taking was significantly increased in the malignant tumor group compared to both the inflammatory disease and benign tumor group. Diseases were significantly'. 4. Abstract, results: 'Patients with excellent results of the operation were significantly decreased in the malignant tumor group compared to the benign tumor group.' 5. Abstract, conclusion: 'Should be checked carefully'. 6. Introduction, line 1: 'involving the'. 7. Introduction, line 3: 'The lesions of the nose'. 8. Introduction, line 13: 'condition'. 9. Introduction, line 15: 'a high index'. 10. Introduction, line 16: 'in all cases of an unilateral mass'. 11. Introduction, line 5 from the bottom: 'a much higher'. 12. Introduction, line 2 from the bottom: 'disease, corresponding with the results for the patients who'. 13. Patients and Methods, line 1: 'was carried out on 100 adult and pediatric patients who were suffering from'. 14. Patients and Methods, line 3: 'one side of the nose'. 15. Patients and Methods, line 4: 'at the Tanta University hospital, Otorhinolaryngology Department, from April'. 16. Patients and Methods, line 5: 'from the Tanta University research'. 17. Patients and Methods, line 6: 'patients and enrolled in the study'. 18. Patients and Methods, line 12: 'Each patient was discussed by the team for planning of appropriate approaches. Each approach was evaluated regarding its accessibility'. 19. Patients and Methods, line 17: 'with the religion, law or social rules.'. 20. Patients and Methods, line 21: 'The radiological and'. 21. Patients and Methods, line 23: 'craniotomy. Intraoperative'. 22. Patients and Methods, line 25: 'tumors. Postoperative'. 23. Patients and Methods, line 27: 'and in malignant cases every month for 6 months and then every 3 months for one year'. 24. Patients and Methods, line 30: 'of the tumor site'. 25. Patients and Methods, line 33: 'approaches was performed'. 26. Patients and Methods, line 36: 'Minor complications included mainly scars. Residual lesions were defined as lesions detected immediately post-</p>	

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operative or were recognized intraoperative, but couldn't be managed due to difficult manipulation or the emerging of complications. Recurrences described the reappearance of the lesion after the period of cure.'

27. Statistical analysis: 'Kruskal-Wallis analysis'.

28. Statistical analysis, line 5: 'For categorial variables the values and percentages'.

29. Statistical analysis, line 2 from the bottom: 'level of significance'.

30. Results, line 1: 'The age'.

31. Results, line 2: 'The sex'.

32. Results, line 3: 'the right maxillary sinus and the nasal cavity were the most significantly affected sinuses in the malignant tumor group, contrasting to both, the inflammatory disease group and the benign tumor group (...), while the left maxillary'.

33. Results, line 8: 'radiology (...) was'.

34. Results, line 10: 'and as follows:'.

35. Results, line 11: 'in the malignant tumor group compared to both the inflammatory disease group and benign tumor group, while proptosis and oral swelling were significantly increased in the malignant tumor group compared to both the inflammatory disease and the benign tumor group. But epistaxis'.

36. Results, line 16: 'in the malignant tumor group compared to both the'

37. Results, line 13 from the bottom: 'were significantly decreased in the malignant tumor group compared to the benign tumor group'.

38. Results, line 11 from the bottom: 'by nose score: Most patients'.

39. Results, line 9 from the bottom: check spacing between totally and improved.

40. Results, line 9 from the bottom: 'while patients with malignant lesions were satisfied already in the follow up, although post-operative scars or radiotherapy treatment.'

41. Discussion, line 5: 'that an unilateral sinonasal mass'.

42. Discussion, line 8: 'by the study of Alshoabi et al., as they'.

43. Discussion, line 11: 'were inflammatory polyps'.

44. Discussion, line 18: 'of the lateral nasal wall'.

45. Discussion, line 25: 'the number..., while Bakari et al. observed'.

46. Discussion, line 30: 'unilateral'.

47. Discussion, line 40: 'erosion, whereas sclerosis'.

48. Discussion, line 43: 'scan, whereas'.

49. Discussion, line 48: 'of agreement (p<0.001, Kappa test=0.215)

50. Discussion, line 57: 'nasal obstruction, discharge, headache, hyposmia, recurrent epistaxis. Clinical'.

51. Discussion, line 60: '0°, 30° and 70°,'.

52. Discussion, line 65: 'papilloma, a defect on the anterior wall of the maxillary sinus was observed, and in another patient also a defect on the lamina papyracea.'

53. Discussion, line 69: 'discharge(...), followed by postnasal discharge (...). Bist et al., showed the ... obstruction(...), followed by'.

54 Discussion, line 75: check spacing between the citation and 'found nasal'.

55. Discussion, line 75: 'to be the most'.

56. Discussion, line 81: 'In the previous study...among the predominant presenting complaints... They and we can only confirm that epistaxis is one of the prominent presenting features in association with neoplastic lesions.'

57. Discussion, line 85: 'by the study...angiofibroma, which...seen in the study...of the maxillary sinus, which...in the studies...by Azzam et al., Gomaa'.

58. Discussion, line 92: 'angiofibroma in...cases could be observed. A malignant sinonasal mass was reported...revealed an ethmoidal polyp..., and nasopharyngeal angiofibroma could be seen in...about...of cases, while...were malignant and...had no'.

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	<p>59. Discussion, line 99: 'and also the benign lesions, most frequently a nasal polyp'.</p> <p>60 Discussion, line 101:'A nasal polyp'.</p> <p>61. Discussion, line 103: 'In this study, they detected...in a respective percentage of'.</p> <p>62. Discussion, line 106:'developped'.</p> <p>63. Discussion, line 110:'Tanna et al. have reported that the minimal invasive endoscopic technique, in their study performed with FESS (fiberendoscopic sinus surgery) shows decreased morbidity and comparable efficacy. Most of the patients were treated with medial maxillectomy. In their study, no perioperative complications were encountered. Besides patients experienced minimized hospital stay, what was also...The endoscopic approach is similar to the global recommendations the gold standard in the treatment of sinonasal inverted papillomas, showing a lower recurrence rate. The advantages of an endoscopic approach are avoiding of a facial lesion and minimizing scar formation, ...Patients do not have dysesthesia compared to open surgery'.</p> <p>64. Discussion, line 129: 'in dacryo-cysto-rhinostomy, medial maxillectomy and fronto-ethmoidectomy...arising from the nasal septum, inferior meatus and turbinate, and posterior choana as well. All are...for better visualization'.</p> <p>65. Discussion, line 133:'Rhinosporidosis is characterized by polypoid, papillomatous lesions, which mucosa is painless, friable and bloody to the touch. A septum implantation could result and the patient suffers from nasal obstruction, epistaxis and mucopurulent rhinorrhea. Treatment consensus is the total resection of the lesion and the cauterization of its peduncle.'</p> <p>66, Discussion, line 138: 'Gotlib et al., please check the citation for accuracy, leave it out or find a better that underlines your discussion.</p> <p>67. Discussion, line 144: 'the intraorbital complications in the form of orbital cellulitis alone included 2% of the patients. A literature review showed a prevalence between'.</p> <p>68. Conclusion, line 2: 'in the inflammatory group'.</p> <p>69. Conclusion, line 3: 'in the benign group was inverted papilloma (...). We found two cases of adenocystic carcinoma, two cases of low grade mucoepidermoidcarcinoma, two cases of high grade mucoepidermoid carcinoma, one fibrous histocytoma and one adenocarcinoma in eight malignant tumor cases'.</p>	
<b>Minor</b> REVISION comments		
<b>Optional/General</b> comments		

**PART 2:**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

**Reviewer Details:**

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