

Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_79475
Title of the Manuscript:	A REVIEW ON DEVIATED NASAL SEPTUM: CLASSIFICATION, CLINICAL FEATURES AND MANAGEMENT
Type of the 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)
Compulsory REVISION comments	<p><u>Point 01</u> The following passages of the text need at least one reference to back up their statements, otherwise they would be nothing but mere assumptions made by the authors:</p> <p>“Nasal septum is most likely to be deformed in cases of nasal or facial trauma. The nasal septum separates the left and right side of the nasal cavity and thereby forms the two nostrils. It thus constitutes the medial wall of both nasal cavities and is coated with mucous membrane on both sides. It is made of three parts columellar septum, membranous septum and the septum proper. The bony portion is nearly entirely made up of vomer, ethmoid's perpendicular plate. The nasal spine of the frontal bone, the rostrum of the sphenoid, and the nasal crests of the nasal, palatine, and maxillary bones all contribute to its borders. The septal cartilage and the septal processes of the inferior nasal cartilages make up the cartilaginous portion. Cuticular tissue, or the bottom end, is made up of fibro fatty tissue that is covered by skin. The columella is the bottom border of the septum. In most cases, the nasal septum is not precisely middle. Its centre portion is frequently shifted to one side or the other. Overgrowth of one or more of the component elements causes the deviation. There are four boundaries to the septum: superior, inferior, anterior, and posterior. Two surfaces, one on the right and one on the left. According to Cottle, the septum is divided into five areas namely, Vestibular Areas, valvular area, Attic area, turbinate area and choanal area. The anterior and posterior Ethmoidal arteries supply the anterosuperior parts, the superior labial branch of the facial artery supplies the anterior-inferior portion, the sphenopalatine artery supplies the posteriosuperior portion. It's the main artery. Few branches of the larger palatine artery supply the posterior inferior portion. The septum's anterior-inferior portion, or vestibule, includes anastomoses between all branches, such as the septal ramus of the superior labial branch of the facial artery, the sphenopalatine artery, the larger palatine artery, and the anterior ethmoidal artery. The Kiesselbach's plexus is a vast capillary network formed by these. Little's area is a typical location for nasal bleeding or epistaxis. The veins create a plexus in the bottom portion of the septum, often known as Little's region. The plexus feeds anteriorly into the facial vein and posteriorly into the pterygoid venous plexus through the sphenopalatine vein. The trigeminal nerve gives rise to general sensory nerves that run the length of the septum. The internal nasal branches of the anterior ethmoidal nerve supply the anterosuperior portion of the septum. The anterosuperior alveolar nerve supplies the anteroinferior portion. The medial-posterior-superior nasal branches of the pterygo palatine ganglion supply the posterosuperior portion. The nasopalatine branch of the pterygopalatine ganglion supplies the posteroinferior portion. It is the most important nerve. Special sensory nerves, also known as olfactory nerves, are only found in the upper region of the body, in the olfactory area. The submandibular nodes are located in the front part of the mandible. The retropharyngeal and deep cervical nodes are located in the posterior part of the neck.”</p> <p>“The deviated septum is surgically managed by septoplasty or sub mucus resection. Only the symptomatic cases are managed surgically. With this background, a systematic review article is written to highlight the clinical features, surgical management and pathological changes in deviated nasal septum.”</p> <p>“Flaps are raised only on one side while those of the opposite side are partially elevated. There are different types of incision used in septoplasty, namely Killian's, transfixion, hemitransfixion and horizontal. The complications of both the nasal septal defect correction surgeries are almost same. They include bleeding, septal haematoma, toxic shock syndrome, depression of bridge, saddle nose deformity and perforation.”</p> <p><u>Point 02</u> “The data of the following review article was collected during the period from 25th July-17th August, 2021. The mentioned data were retrieved from PubMed, EMBASE, Medline and Google Scholar data base. Most relevant articles with recent developments regarding the clinical features and histopathological changes, published in English worldwide were used. The keyword search headings included "Deviated nasal septum, pathological changes in DNS, nasal obstruction, classification of DNS, management", and a combination of these. Reference list of each included study will be searched for further supportive data.”</p> <p>How many of studies were screened? And how many publications were included in the review? The authors did not provide any information on that.</p>	
Minor REVISION comments		

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Optional/General comments		

PART 2:

	Reviewer's comment	Author's comment <i>(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)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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