



SDI Review Form 1.6

Journal Name:	Asian Journal of Medicine and Health
Manuscript Number:	Ms_AJMAH_42161
Title of the Manuscript:	Pattern of Hearing Impairment in a tertiary Institution in Ado Ekiti, Nigeria
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:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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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>Your article gives a good overview on epidemiology o hearing complaints in your hospital. Aims are clearly described, methodology is in accordance to the aims, presentation of the results is nicely separated. Some minor English correction will be necessary.</p> <p>I have only some suggestions to include in your discussion.</p> <p>-The study is not a prospective one, as the patients has no follow-up evaluation. It is a prevalence study, as you already say in the title (number of new cases in a year).</p> <p>- In discussion please inform the reader how patients are referred to your hospital as not all will be familiarized with the Nigerian health system (more urban population, rural population has access and how, only private patients or is there a public (free) referral for the service and which are the limitations to have access to the health system. This brief explanation will help to discuss why you have so few children with problems of adenoids and consequently otitis secretora (more frequent in poor families..), patients with sequelae of chronic otitis media (also more frequent in patients with limited access to health service), as well as low frequency of severe hearing impairment (as you mentioned in the discussion).</p> <p>The high prevalence observed certainly is also related to the difficulty of access to the ENT specialist, thus only patients with lasting and more important complaints will look for assistance.</p> <p>The high percentage of female patients is seen in almost all epidemiologic studies, and it is generally accepted that women are more worried about their health and are more likely to look for medical assistance.</p> <p>You also have a high percentage of indication of cochlear implant, this is a very interesting data for ENT, please complete the information if it is linked to congenital infection (and if you know which one was involved (rubeolla, toxoplasmosis, syphilis..other?) or to meningitis.</p> <p>All in all, congratulations for this complete study.</p>	<p>This is a simple prospective study</p> <p>In this study commonest source of referral was by general practitioners in 85 (41.7%), followed by 50 (24.0) from paediatricians, 46 (22.1%) self-reporting and 27 (13.2%) from others.</p> <p>Mode of patients' referral to the specialist in our center are mainly by general practitioners, paediatricians and self-reporting. Otorhinolaryngologist, head and neck surgeons are also mainly distributed in the city. This make accessibility difficult especially for rural dwellers.</p> <p>Unfortunately, hearing impairment among patients that required cochlear implant were secondary to preventable causes. These were febrile illnesses, ototoxicity and noise induced hearing impairment.</p>
Minor REVISION comments		
Optional/General comments		