



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_30959
Title of the Manuscript:	OTOLOGIC DISORDERS IN CHILDREN: OUR EXPERIENCE IN A PRIVATE HOSPITAL SETTING IN PORT HARCOURT, NIGERIA
Type of Article:	Original Research Article

PART 2:

Editor's Comments	Authors' response
A good read on a public health issue. Herein are my suggestions: 1. Line 53 of original document reads, "2 years" Drop the "s" in years 2. Line 75 and 76, uses "gotten" ... suggest using "reported" rather than "gotten" 3. Did the study identify the causative microbials and their frequency? 4. Was there a succinct definition of "otomycosis" and other key words?	Corrected Corrected We did not carry out bacteriological and fungal studies on the ear discharges (due to lack of appropriate facilities). However, The diagnosis of CSOM: inflammation of the mucoperiosteal lining of the middle ear cleft (chronic mucoid ear discharge for more than 2 weeks, perforated tympanic membrane, etc) and otomycosis inflammation of the external auditory canal of fungal origin (itchy ears, dirty green ear discharge, otalgia, tragal tenderness, visualization of intact tympanic membrane, after aural toileting, etc) were made clinically, the visualization of fungal hyphae after preparing the slide with potassium hydroxide under a microscope helps to support the diagnosis of otomycosis. The bacteriology of CSOM and the causative fungal agents of otomycosis are very important in this type of study. The omission can be considered as part of our limitation for this study. In the future we shall be looking at the bacteriology of CSOM and the mycology of Otomycosis separately. Some investigations we carried out were screening audiometry and plain radiographs of the mastoid of the patients with CSOM to exclude CHOLEASTEOTOMA. Our study is a preliminary one to highlight our experience of otological disorders in our setting (resource poor country}. Thank you for your input. Warm wishes.