

Editor's Comments:

I still felt that this study can be a stronger study with slight modifications for example explanation of clinical assessment of patient's nasal cavity.

Have to improve references and related with other similar studies.

Author's Feedback:

Thank you for your input. I have included some explanation of clinical assessment of the nasal cavity of the pupils in the methodology section. The result section has not changed so is the discussion section. I don't have references related to other similar studies. This can be considered as part of my limitation. Warm wishes.

We used a head mirror with a Thudichum speculum to open up the nose, which allows examination of the nasal cavity. We identified the nasal septum medially; turbinates laterally.

We checked for inflammation (rhinitis), position of the septum, and presence of polyps (touch to check sensitivity; it should be insensitive to touch). A foreign body, usually accompanied by an offensive unilateral discharge, may be seen inside the nose of a child.

A mirror and headlight or an endoscope instrument can be used to view the nasopharynx (the postnasal space, which contains the Eustachian tube orifices and pharyngeal recess (of Rosenmüller) and may contain adenoids or nasopharyngeal tumour), but this is not always possible during a routine examination and was not done in this study. Finally, we examined the palate. We looked for large nasal polyps and tumours arising from the soft palate.