

REVIEWER'S REPORT

Manuscript No.: IJAR-50433

Date: 27-02-2025

Title: Coverage of Loss of Substances Following Necrotizing Fasciitis

Recommendation:

Accept as it is.....**YES**.....
 Accept after minor revision.....
 Accept after major revision
 Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality	√			
Techn. Quality		√		
Clarity		√		
Significance			√	

Reviewer's Name: Dr Aamina

Reviewer's Decision about Paper: **Recommended for Publication.**

Comments (*Use additional pages, if required*)

Reviewer's Comment / Report

Abstract Review: The abstract effectively summarizes the key elements of the study, including its objective, methodology, and main findings. The study's retrospective nature and focus on therapeutic experience are well stated. The inclusion of directed healing and VAC therapy is a notable aspect that adds depth to the findings. The mortality rate and patient outcomes provide crucial insights into the management efficacy.

Introduction Review: The introduction clearly outlines the pathophysiology, historical terminologies, and classification of necrotizing fasciitis. The section successfully contextualizes the disease's urgency and need for prompt intervention. The reference to early debridement and intensive care highlights the multidisciplinary approach required. Additionally, the discussion on coverage options for tissue loss contributes to understanding the reconstructive strategies available.

Materials and Methods Review: The methodology is well-structured, specifying the study's retrospective design and data collection process. The use of hospital records and an administrative system for data extraction strengthens the study's reliability. The surgical protocol involving a two-stage intervention is clearly described, aligning with standard clinical practices. The method section effectively provides sufficient detail for reproducibility.

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Results Review: The results are clearly presented, with a focus on hospitalization duration, healing methods, and patient outcomes. The comparison with existing literature, particularly the Nancy CHRU study, provides valuable context. The directed healing approach used in 95% of cases and VAC therapy in 5% are appropriately highlighted. The lower hospitalization duration compared to other studies is a significant finding, suggesting an effective patient management protocol. The high rate of skin grafting (90%) aligns with existing practices for non-suturable wounds, reinforcing the study's clinical applicability.

Discussion Review: Although not explicitly provided, the comparison of results with previous studies is insightful. The study effectively underscores the importance of monitoring protocols and inflammatory dressings in achieving satisfactory outcomes. The discussion on coverage techniques, particularly the preference for skin grafting, is relevant and well-supported by existing literature. The lack of patient follow-up for 10% of cases is acknowledged, though further analysis of lost-to-follow-up cases could add value.

Conclusion Review: The study successfully presents a structured analysis of necrotizing fasciitis management, emphasizing the efficacy of surgical intervention and directed healing. The findings align with established medical practices and contribute to the broader understanding of patient outcomes in such cases.

General Observations:

- The study is well-organized, with logical progression from introduction to results.
- Comparisons with literature provide depth and context to findings.
- The focus on directed healing and VAC therapy enhances its clinical relevance.
- Some minor clarifications on patient follow-up could be beneficial, but the overall study remains comprehensive.

This study contributes valuable insights into necrotizing fasciitis management and aligns with best practices in surgical intervention and post-operative care.