

REVIEWER'S REPORT

Manuscript No.: IJAR- 50500

Date: 03/03/2025

Title: "Post-Traumatic Recurrent CSF Rhinorrhoea"

Recommendation:

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

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

Reviewer Name: Dr. S. K. Nath

Date: 05/03/2025

Reviewer's Comment for Publication:

This paper presents an important case study with valuable clinical insights. Minor refinements in language, formatting, and discussion depth would enhance its clarity and impact.

Reviewer's Comment / Report

Strengths of the Paper

- 1. Relevant Clinical Case:** The paper presents a clinically significant case of post-traumatic recurrent CSF rhinorrhoea leading to recurrent meningitis. The importance of prompt identification and meticulous management is well emphasized.
- 2. Detailed Case Presentation:** The case report is structured logically, providing a timeline of events from initial trauma to surgical intervention. Diagnostic imaging (CT-PNS, MRI cisternogram) findings are well described, supporting the diagnostic process. The surgical technique for repair is clearly explained, detailing the multilayer approach with muscle graft, fascia lata, and fibrin glue.
- 3. Comprehensive Discussion:** The discussion effectively covers pathophysiology, diagnostic methods, and treatment options for CSF rhinorrhoea. The importance of differentiating multiple defects and managing recurrent CSF leaks is well explained. The role of HRCT-PNS and cisternograms (CT, MRI) as gold-standard diagnostic tools is well established.
- 4. Surgical Management and Postoperative Outcome:** The endo-nasal endoscopic approach is well justified, highlighting its advantages over traditional approaches. The success of surgical intervention and lack of recurrence at 12 months strengthens the effectiveness of the treatment.
- 5. Well-Structured Conclusion:** The conclusion effectively summarizes the key takeaways regarding the risks of untreated CSF leaks, recurrence, and surgical interventions.
- 6. References and Ethical Compliance:** The paper is properly cited, with references to relevant studies on CSF leaks, management, and outcomes. Ethical compliance and conflicts of interest are transparently stated.

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Areas for Improvement

1. Grammar and Language Refinements: Some sentences are lengthy and could be refined for better clarity.

Example: *"A thorough assessment of CSF leaks is crucial in cases of traumatic cause, as the origin of the leak is not necessarily limited to a single site but can be from multiple sites."*

Correction: *"A thorough assessment of CSF leaks is crucial in traumatic cases, as the leak may originate from multiple sites rather than a single location."*

Example: *"Since increased intracranial pressure may cause graft displacement, in some cases lumbar puncture may be required postoperatively."*

Correction: *"Increased intracranial pressure can cause graft displacement; therefore, lumbar puncture may be required postoperatively in some cases."*

2. Clarity in Case Report Section: The timeline of the patient's symptoms could be clarified further. The progression from initial trauma to recurrent meningitis should be structured more explicitly.

3. Discussion on Conservative Management: While the paper mentions that 80-95% of traumatic CSF leaks resolve spontaneously, it could briefly discuss:

- Conservative management strategies (e.g., bed rest, hydration, avoidance of straining).
- When to shift from conservative to surgical intervention.

4. Additional Details on Lumbar Drainage: The discussion states that lumbar drainage is controversial, but it could include:

- Indications for when lumbar drainage is beneficial.
- Potential risks, such as over-drainage and pneumocephalus.

5. Figures and Formatting Issues: The figures (CT-PNS, MRI images, surgical repair steps) are referenced, but proper captions and placements should be ensured for clarity. Spacing inconsistencies in some sections should be adjusted.