

REVIEWER'S REPORT

Manuscript No.: IJAR-51584

Date: 15-05-2025

Title: Early versus Late Tracheotomy in Severe Traumatic Brain Injury Patients Undergoing Decompressive Craniectomy

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

Content Evaluation:

The manuscript addresses a clinically relevant question concerning the timing of tracheotomy in patients with severe traumatic brain injury (TBI) undergoing decompressive craniectomy. The background clearly outlines the burden of severe TBI, the challenges related to airway management, and the potential benefits of tracheotomy. The rationale for investigating early versus late tracheotomy is well-articulated, underscoring the importance of optimizing ventilatory strategies to improve patient outcomes.

Study Design and Methodology:

The study uses a retrospective review design conducted at a tertiary academic hospital with a clearly defined patient population. Inclusion and exclusion criteria are comprehensive and appropriate for the research question, focusing on a homogenous group of severe TBI patients

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requiring decompressive craniectomy and mechanical ventilation. The division of participants into early and late tracheotomy groups is clearly defined, with operational time frames established. The observational nature and decision-making process described appear clinically relevant.

Clarity and Structure:

The introduction and methods sections are well-structured, logically progressing from the significance of the issue to the detailed study protocol. The objectives are clearly stated, distinguishing primary and secondary aims. The protocol description, including criteria for patient selection and intervention allocation, is transparent and detailed.

Language and Style:

The manuscript is written in clear, formal academic language suitable for the intended medical audience. Terminology is precise and consistent throughout, making the study accessible to clinicians and researchers specializing in neurocritical care and trauma.

Overall Contribution:

This study has the potential to contribute valuable data to ongoing debates regarding the optimal timing of tracheotomy in severe TBI patients, particularly following decompressive craniectomy—a subset with specific clinical challenges. The focus on outcomes such as duration of mechanical ventilation, mortality, neurological recovery, and complication rates ensures relevance for clinical decision-making and patient care.

Summary

The manuscript provides a coherent, well-defined retrospective study protocol that investigates the timing of tracheotomy in severe TBI patients post-decompressive craniectomy. It effectively contextualizes the clinical challenge and research gap while presenting a clear methodological framework. The study is positioned to yield insights on ventilator management strategies that may influence mortality, recovery, and ICU resource utilization.
