

REVIEWER'S REPORT

Manuscript No.: IJAR-51783

Date: 21/05/2025

Title: JONES PROCEDURE FOR SENILE ENTROPION

Recommendation:

Accept as it isYes.....

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. Sireesha Kuruganti

Date: 21/05/2025

Reviewer's Comment for Publication.

(To be published with the manuscript in the journal)

The reviewer is requested to provide a brief comment (3-4 lines) highlighting the significance, strengths, or key insights of the manuscript. This comment will be Displayed in the journal publication alongside with the reviewers name.

The manuscript addresses a clinically relevant issue with appropriate methodology and surgical clarity.

Outcome data supports the use of Jones procedure effectively.

Detailed Reviewer's Report

Title & Abstract (Lines 1–11)

Strengths: The abstract clearly identifies the clinical condition, its implications, and the objective of the study.

Issues & Suggestions:

Line 2: The list is dense; consider separating contributing factors for clarity.

Line 6: "Impairing the optical function" can be more technically precise, such as "compromising visual acuity".

Line 10: Clarify "a few common methods (Jones' Procedure)" – is it just the Jones Procedure or a comparison?

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Line 11: End with a clearer summary of results or findings to strengthen the abstract.

Introduction (Lines 14–30)

Strengths: Good explanation of the pathology and clinical importance.

Issues & Suggestions:

Line 16: Repetition of “entropion affecting the lower eyelid in the elderly” — “entropion is most common in the lower eyelid of elderly patients” would suffice.

Line 23–25: The anatomical explanation is good but could be more structured with bullet points or subheadings for clarity.

Line 29–30: “Globally aging population” – consider citing data or trends to support the claim.

Materials and Methods (Lines 35–42)

Strengths: Clear explanation of study design, inclusion/exclusion criteria, and follow-up.

Issues & Suggestions:

Line 36: Add the Institutional Ethics Approval Number.

Line 38: “Sum total” is redundant – simply say “A total of 44 patients”.

Line 39: Capitalize “Jones procedure” consistently.

Inclusion and Exclusion Criteria (Lines 44–58)

Strengths: Well-defined and appropriately listed.

Issues & Suggestions:

Line 48–49: Combine to improve flow – e.g., “Patients who consented to undergo the Jones procedure”.

Procedure Description (Lines 67–103)

Strengths: Step-by-step explanation is very useful.

Issues & Suggestions:

Line 72–73: Mention total volume of anesthetic used.

Line 78–81: Consider adding a diagram or more detailed figure to clarify the incision line.

Line 90–92: This complex suture description could benefit from a labeled illustration.

Postoperative Follow-up (Lines 106–110)

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Strengths: Adequately timed follow-ups.

Issues & Suggestions:

Line 109: Define how “palpebral fissure height” was measured – any tools or specific methods?

Consider including a patient-reported outcome measure for cosmetic/comfort satisfaction.

Results (Lines 113–127)

Strengths: Clear data, gender and age breakdown provided.

Issues & Suggestions:

Line 114: The table is useful; label it more formally (“Table 1: Age and Gender Distribution”).

Line 121–123: “No reported instances of overcorrection or undercorrection” – specify how correction quality was assessed (clinical or photographic comparison?).

Discussion (Lines 134–162)

Strengths: Comprehensive explanation of pathophysiology and surgical rationale.

Issues & Suggestions:

Line 137–144: Consider formatting as bullet points for better readability.

Line 157: “Observed in the lower eyelid” – redundant. Simply “A robust fibrotic response was observed”.

Line 160–161: This is an important finding – a short discussion on why sex/age do not influence outcomes would be valuable.

Conclusion (Lines 168–179)

Strengths: Well-rounded and concise.

Issues & Suggestions:

Line 172: “Relatively simple to learn” – consider using “surgeon-friendly” or “surgically reproducible” for formal tone.

Line 176–177: “Strategically placed and heal well” – revise for academic tone, e.g., “resulting in inconspicuous postoperative scars”.

References (Lines 198–217)

Strengths: Well-cited classic and current sources.

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Issues & Suggestions:

Line 199: Duplicate listing of Collin's book (Line 199 and Line 205).

Ensure uniform citation style throughout – some references include pages, others do not.

Use a reference manager format (e.g., Vancouver or APA) for consistency.

Overall Recommendations

Strengths:

The manuscript addresses a clinically relevant issue with appropriate methodology and surgical clarity.

Outcome data supports the use of Jones procedure effectively.

Major Revisions Suggested:

1. Improve academic tone in several parts of the text.
2. Standardize terminology – e.g., consistent capitalization of “Jones procedure”.
3. Enhance visuals – provide labeled figures for procedure steps.
4. Add surgical evaluation metrics – such as patient satisfaction, visual analog scores, or lid height changes.

Minor Revisions:

Improve sentence structure and remove redundant words.

Add ethics approval number and tool descriptions.