

REVIEWER'S REPORT

Manuscript No.: IJAR-51783

Date: 23 -05-2025

Title: JONES PROCEDURE FOR SENILE ENTROPION

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

Title:

The title accurately reflects the focus of the study on the surgical management of senile entropion using the Jones procedure.

Abstract:

The abstract provides a clear overview of the condition (senile entropion), its pathophysiology, and the clinical significance of the disorder. It succinctly states the aim of the study—to evaluate the benefits of common surgical methods, specifically the Jones procedure, for repairing lower lid entropion. The abstract effectively sets the context for the study and its clinical relevance.

Introduction:

The introduction is well-written and offers a comprehensive background on senile entropion, explaining its definition, clinical features, and pathophysiological basis. It emphasizes the multifactorial causes, including lid laxity, retractor attenuation, orbicularis muscle override, and enophthalmos, which are essential for understanding treatment approaches. The introduction also highlights the potential complications of untreated entropion and the increasing relevance of the condition due to demographic aging. This sets a clear rationale for the study.

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Materials and Methods:

The methodology is clearly described, outlining the study design (prospective interventional), setting (ophthalmology department, Maharani Laxmibai Medical College), duration (January to October 2024), and sample size (44 patients initially, with 42 completing follow-up). Inclusion and exclusion criteria are detailed and appropriate, ensuring a well-defined patient cohort for assessing the Jones procedure specifically in senile entropion. The 6-month follow-up period strengthens the study's ability to assess medium-term outcomes. Ethical approval and informed consent are mentioned, reflecting adherence to research standards.

Clarity and Structure:

The manuscript is well-structured, progressing logically from background to methodology. The language is precise and technical terms are used appropriately. The inclusion and exclusion criteria are clearly stated, helping to delineate the patient population and ensuring focus on primary involutional entropion cases.

Scientific and Clinical Relevance:

The study addresses an important clinical issue in ophthalmology related to age-associated eyelid malposition. The Jones procedure is a recognized surgical technique for senile entropion repair, and evaluating its outcomes in a prospective study adds valuable clinical data. Given the increasing elderly population, such research is timely and of practical significance.

Overall Assessment:

This manuscript presents a clear, focused, and well-organized study on the management of senile entropion using the Jones procedure. The background provides strong justification, the methodology is sound, and the patient selection criteria are appropriate. The work contributes meaningful clinical insights into the surgical treatment of an age-related ocular condition.