

## REVIEWER'S REPORT

Manuscript No.: IJAR-52281

Date: 16-06-2025

**Title: SIGNIFICANCE OF TIMELY MANAGEMENT OF LARYNGOTRACHEAL STENOSIS: A CASE REPORT**

### 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

### General Assessment

This case report offers valuable clinical insight into the diagnosis and surgical management of laryngotracheal stenosis, a rare yet life-threatening condition. The authors effectively present the relevance of early detection, proper clinical judgment, and individualized treatment planning in achieving optimal outcomes. The case exemplifies a pragmatic application of airway reconstruction techniques in a recurrent subglottic stenosis scenario.

## **REVIEWER'S REPORT**

### **Clinical Relevance and Originality**

The manuscript is clinically relevant, especially in the context of the rising incidence of iatrogenic laryngotracheal stenosis due to prolonged intubation and suboptimal tracheostomy care. By documenting a case previously treated with a T-tube and subsequently managed with laryngotracheal reconstruction, the article contributes to the growing body of evidence supporting surgical intervention in complex, persistent cases.

The discussion surrounding the shift from trauma to iatrogenic causes as leading contributors to stenosis reflects contemporary trends in intensive care medicine and highlights the need for vigilance in airway management. The emphasis on individualized treatment planning based on lesion characteristics is well-articulated and reinforces a patient-centered approach.

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### **Case Presentation and Surgical Technique**

The description of the patient with persistent subglottic stenosis managed by laryngo-fissure and rib cartilage graft-based reconstruction is concise yet informative. The decision-making process, influenced by the extent and type of lesion, underscores the importance of anatomical considerations in determining appropriate management. The successful outcome following stenting further adds strength to the chosen modality.

While detailed intraoperative and postoperative clinical data are not extensively outlined, the narrative remains focused and clinically purposeful. The authors make a compelling case for considering reconstructive procedures in select patients, particularly those with circumferential subglottic involvement.

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### **Discussion and Thematic Emphasis**

The discussion is anchored in established knowledge while also highlighting evolving challenges in modern airway management. The shift toward more frequent iatrogenic etiologies is particularly significant, given the increasing reliance on prolonged mechanical ventilation in critically ill populations.

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The article appropriately underscores the importance of early diagnosis, site-specific evaluation, and timely surgical intervention. These themes are essential for readers managing similar clinical conditions in otolaryngology and thoracic surgery settings.

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### **Language and Structure**

The language is accessible and well-suited for a clinical readership. The flow of information—from background to case description to thematic conclusions—is logical and easy to follow. The key terminology is used appropriately, and the tone is consistent with medical case reporting standards.

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### **Overall Evaluation:**

This case report provides a meaningful and focused contribution to the literature on laryngotracheal stenosis. It emphasizes timely diagnosis, individualized treatment, and surgical management as pivotal factors in achieving successful outcomes. The case supports the continued evolution of reconstructive techniques in complex airway pathologies and offers a relevant clinical scenario with broader implications for practice in ENT and critical care.