

REVIEWER'S REPORT

Manuscript No: IJAR-53125

Date: 05.08.2025

Title: The Fustis of Middle Ear

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. Divyaparvathy J

Reviewer's Comment

This manuscript provides a valuable and detailed overview of the Fustis, an often-overlooked structure of the middle ear, highlighting its anatomical variability and surgical relevance. The content is well-researched and clinically insightful; however, minor revisions are needed to improve clarity, particularly in the typology section. Enhanced structure, consistent terminology, and the inclusion of illustrative support would further strengthen its readability and utility for otologic surgeons

REVIEWER'S REPORT

Detailed Reviewer's Report

1. The article explores the anatomy and surgical significance of the fustis, an underreported middle ear structure filling a notable gap in otologic literature.
2. The study clearly outlines its aim to review the structural, functional, and clinical importance of the fustis, which is well maintained throughout the manuscript.
3. The manuscript is logically organized into sections Anatomy, Typology, Surgical Significance, but it would benefit from clearer subheadings and improved transitions for smoother flow.
4. The classification into Types A to C is conceptually useful but underdeveloped. Descriptions should be more precise and visual aids or diagrams are recommended to clarify these types.
5. The surgical implications are produced with good flow, particularly the role of the fustis in guiding the round window access and its protective function against cholesteatoma.
6. Some sentences are overly long or contain redundancies. More concise language and consistent use of anatomical terminology would enhance readability.
7. Narrative integration could be improved to establish a scientific engagement for the readers.
8. Citation numbers in the abstract should be removed.
9. The conclusion could be strengthened with a final recommendation for integrating its identification into standard otologic surgical protocols.