

REVIEWER'S REPORT

Manuscript No.: IJAR-53125

Date: 06-08-2025

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: Shashi Prakash

Date: 06-08-2025

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.

This paper is on a poorly documented but clinically relevant osseous structure of the middle ear—the fustis of the middle ear. It foregrounds its anatomy, surgical importance, and possible protective function and thereby presents a valuable addition to otologic anatomy and surgical procedure. The paper is well-researched and provides practical information, although slight attention to clarity and organization is suggested.

Detailed Reviewer's Report

1. The abstract offers a solid platform and briefly summarizes the most important parts of the manuscript, including anatomical background, variability, and clinical-surgical importance of the fustis. Its readability can be enhanced by better sentence formation. Phrases like "anatomical variability" and "clinical-surgical importance" are well placed, but can be made simpler for easier understanding by wider circles. The reference to surgical considerations and resistance to cholesteatoma is useful, but a particular clinical point—how this information might change surgical strategy or outcome—would serve to add still more strength to the

REVIEWER'S REPORT

abstract. A clear, one-sentence summary of the connection between anatomical knowledge and actual application in middle ear surgery is advised to complete the abstract well.

2. The introduction adequately establishes the fustis as an unsuspected but important bony structure of the middle ear. Its anatomical site and shape are nicely described. The reason why it is underrepresented in the literature could, however, be made more specific—perhaps by describing historical limitations in endoscopic visualization or difficulty of dissection. Adding a very brief embryological or developmental history of the fustis would further place its variability in perspective. In addition, a sentence emphasizing the need for fresh anatomical examination in the context of new surgical methods (e.g., endoscopic otology) would serve to bridge the anatomy-clinical practice divide.
3. Anatomy of the Fustis part is well described and emphasizes the morphology and variability of the fustis, including structure and attachments. Yet, its lucidity would improve with superior logical organization or sub-categorization—possibly into "Location," "Structure," and "Variability." It would also be beneficial to detail the association of the fustis with surrounding critical structures like the facial nerve, Jacobson's nerve, and cochleariform process, particularly since they have surgical importance. The incorporation of comparative anatomical observations or variations on the basis of imaging or cadaveric material, if present, would further strengthen this section. Finally, it would be helpful to address whether these differences influence surgical risk or round window access.
4. The typification of the fustis as Types A, B, and C is useful and offers a distinct typological system. The clinical applicability of each type is not adequately discussed, however. The section would be enhanced by the addition of a paragraph delineating how each type will impact surgical access, round window exposure, or complications. Additional discussion regarding the incidence or prevalence of each type in various populations or pathologies would be helpful.
5. Surgical and Functional Importance is one of the most solid pieces of the manuscript, describing the fustis's multifunctional role. The discussion of structural support, anatomical guidance, and protection against cholesteatoma is especially good. However, the content could be better organized with subheadings or grouped under specific functions such as

REVIEWER'S REPORT

“Structural Role,” “Surgical Landmark,” and “Acoustic Function.” Additional clarity could be provided regarding the ‘baffle effect’—a brief explanation of this acoustic principle would help readers unfamiliar with otologic physics. In addition, the caution regarding neo-osteogenesis with drilling is well-timed but would be more useful if accompanied by a specific surgical maneuver or actual clinical complication. The reference to melanocytes as a protective element is interesting and might extend somewhat to imply avenues for future histological investigation.

6. Clinical Implications section successfully connects the anatomical and surgical spaces, providing useful takeaway points. Yet it is a list and could use reorganization as a more integrated paragraph. Ideas like ventilation in tympanoplasty and navigation to the cerebellopontine angle need to be incorporated better and detailed. It would be helpful to include a few words on possible complications from neglect or destruction of the fustis, like round window membrane damage, inadequate ventilation, or persistent disease. Moreover, mentioning how identification of the fustis impacts newer approaches like endoscopic ear surgery or minimally invasive cochlear implantation would increase the manuscript's modern relevance.
7. The conclusion gives a concise overview and reaffirms the significance of the fustis in otologic surgery. It reinforces the call for anatomical consciousness and gentle handling during procedures. It can, however, be made more effective by adding a forward-looking statement calling for additional anatomical, radiological, or surgical research specifically on the fustis. Adding a final sentence highlighting the role of education regarding this structure during training would be valuable, especially for new surgeons or trainees.