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REVIEWER'S REPORT

Manuscript No: IJAR-56133

Title: OBTURATOR-ASSISTED FUNCTIONAL ENHANCEMENT: NON-SURGICAL SUCCESS IN PEDIATRIC POSTERIOR CLEFT PALATE MANAGEMENT- CASE SERIES

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 Name: Dr. Sireesha Kuruganti

Detailed Reviewer's Report

This manuscript presents two clinical cases of pediatric patients (aged 10 and 8.5 years) with complex posterior cleft palate defects. It explores the efficacy of interim palatal obturators as non-surgical alternatives when primary surgical repairs have failed or are deferred. The report highlights significant improvements in speech clarity, deglutition, and the reduction of nasal regurgitation.

Detailed In-Depth Review

1. Title and Abstract

* Lines 1-7: The title is descriptive and clearly identifies the intervention (obturator) and the target population (pediatric).

* Lines 8-19: The abstract successfully summarizes the challenges of large posterior defects and the specific outcomes for the two cases. It clearly states that prosthetic rehabilitation serves as "transitional functional therapy".

2. Introduction

* Lines 25-28: Provides a concise embryological definition of cleft lip and palate (CLP).

* Lines 33-38: Correctly emphasizes the necessity of a multidisciplinary team (surgeons, orthodontists, speech therapists, etc.) for integral rehabilitation.

* Lines 39-41: Establishes the role of obturators as transitional devices that accommodate growth while facilitating social integration.

3. Case Report 1 (Lines 43-125)

* Clinical History (Lines 43-55): Detailed background on a 10-year-old with three failed surgical attempts (Veau-Wardill-Kilner palatoplasty) and recurrent graft rejection.

* Examination (Lines 69-82): Comprehensive extraoral and intraoral findings, including a 4 \times 4.5 cm fistula and velopharyngeal insufficiency.

* Procedure (Lines 83-104): Good technical detail on impression making. Using gauze and lignocaine-coated cotton pellets (Lines 86-88) to prevent material displacement into the nasal cavity is a critical safety step.

* Outcome (Lines 105-121): The inclusion of a "tongue-flap retention feature" (Line 101) is a unique and commendable clinical modification for stability.

4. Case Report 2 (Lines 126-160)

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* Context (Lines 126-142): Focuses on an 8.5-year-old with persistent nasal regurgitation despite multiple surgeries, including pharyngoplasty in 2022.
* Intervention (Lines 143-157): The case reinforces the "non-surgical management option" when families or clinicians wish to avoid further invasive procedures.

5. Discussion (Lines 161-236)

* Functional Goals (Lines 172-175): Accurately defines the dual goals: restoring the oronasal barrier and rehabilitating velopharyngeal function.
* Historical Context (Lines 176-184): Provides an interesting historical trajectory from Demosthenes to the 19th century.
* Future Trends (Lines 191-203): Excellent forward-looking section on Digital Oronasal Fistula (ONF) obturators and 3D printing. This adds modern relevance to the manuscript.
* Design Principles (Lines 204-213): Lists practical requirements: low weight, cost-effectiveness, and non-displacement of soft tissues.

6. Conclusion and Bibliography

* Lines 237-243: The conclusion logically follows the presented data, framing the obturator as a "functional enhancer" that improves quality of life.
* Lines 244-256: The bibliography is current (citing sources as recent as 2024 and 2025) and relevant to maxillofacial prosthetics.

Critique & Recommendations

* Quantitative Data: While the manuscript notes "marked improvement" in speech, incorporating a standardized speech assessment scale (pre- and post-intervention) would strengthen the "in-depth" nature of the report.
* Follow-up Duration: Explicitly stating the duration of the follow-up period for both cases would clarify the "interim" efficacy mentioned in Line 118.
* Growth Adjustments: Since these are pediatric patients (Lines 118-121), a brief mention of how often the cold-cure acrylic resin needs to be relined or replaced to accommodate craniofacial growth would be beneficial for clinicians.