The Use of a Flexible Ruler in Measuring the Length of an Artificial Stapes during Stapedotomy under an Otoendoscopy

General Recommendation: Good - publish after minor revision

Comments to Editor: None

Comments to Author: Interesting paper about the use of an incus-footplate distance measurer with a flexible spacer, compared to a rigid metallic one, in case of endoscopic laser stapedotomy. I have some questions for you: why not compare the same number of patients in the study groups? For example 30 and 30 or 26 and 26? You must specify better that the cases considered are all first interventions, and no revision - what are the incus-footplate distances specifically measured in the 56 cases of your study? In Europe the average distance in adult patients is almost always 5.50 mm - why in the time in seconds considered, do you not include the measurement time? You do not give a valid and exhaustive explanation of why operations with a flexible gauge use less time than those with a rigid spacer - you operated on a 7-year-old patient. Did he suffer from simple otosclerosis, or was he a syndromic or malformed patient? This patient was operated on endoscopically by what method? Considering both pediatric and adult patients in the same study, it could be a severe confounding factor. - if your follow-up is 7-14 months, average follow-up is 13 months, why are you talking about prosthesis dislocation after only 6 months?

Title and abstract
Write “Otoendoscopy”

Introduction
Ok

Material and Methods
Ok

Statistical Analysis
Ok

Results
Ok

Discussion
Ok

Conclusions
Ok

Tables and Graphics
You have to insert a table reporting the incus-footplate distances in your cases

References
Ok

General comments to the Authors
Interesting paper about the use of an incus-footplate distance measurer with a flexible spacer, compared to a rigid metallic one, in case of endoscopic laser stapedotomy.
I have some questions for you:
- why not compare the same number of patients in the study groups? For example 30 and 30 or 26 and 26?
- you must specify better that the cases considered are all first interventions, and no revision
- what are the incus-footplate distances specifically measured in the 56 cases of your study? In Europe the average distance in adult patients is almost always 5.50 mm
- why in the time in seconds considered, do you not include the measurement time?
- you do not give a valid and exhaustive explanation of why operations with a flexible gauge use less time than those with a rigid spacer
- you operated on a 7-year-old patient. Did he suffer from simple otosclerosis, or was he a syndromic or malformed patient? This patient was operated on endoscopically by what method? Considering both pediatric and adult patients in the same study, it could be a severe confounding factor.
- if your follow-up is 7-14 months (average follow-up is 13 months), why are you talking about prosthesis dislocation after only 6 months?