

REVIEWER'S REPORT

Manuscript No.: IJAR-56872

Title: lambeau sous mental: a propos dl'un cas,

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revisionYES

Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality			√	
Techn. Quality			√	
Clarity		√		
Significance			√	

Reviewer's ID: JPR-094

Detailed Reviewer's Report

☐ **1. Strengths**

* ****Clinically relevant topic:**** The use of the submental flap in maxillofacial reconstruction is important and widely applicable.

* ****Clear case description:**** The clinical presentation, surgical technique, and outcomes are described in a logical sequence.

* ****Good surgical outcome:**** Demonstrates successful reconstruction with no complications, supporting feasibility.

* ****Integration with literature:**** The discussion attempts to compare findings with previously published studies.

* ****Practical value:**** Highlights an alternative to free flaps, especially useful in resource-limited or high-risk patients.

☐ **2. Weaknesses**

* ☐ ****Single case report (low evidence level):**** Limits generalizability and scientific impact.

* ☐ ****Incomplete references:**** Citations (e.g, 53–56, 71–74) are not properly detailed.

REVIEWER'S REPORT

- * ☐ ****Lack of novelty:**** Submental flap reconstruction is already well documented; the manuscript does not clearly state what is new.
- * ☐ ****Language and formatting issues:**** Minor grammatical errors and inconsistent formatting (e.g., figure labeling, spacing).
- * ☐ ****Limited methodological depth:**** No detailed criteria for outcome assessment (objective scales missing).
- * ☐ ****Figures not provided:**** Figures are referenced but not included for evaluation.
- * ☐ ****Ethical considerations missing:**** No mention of patient consent or ethical approval.

****3. Key Points****

- * Submental flap is a ****reliable and versatile reconstructive option****.
- * Offers ****good aesthetic and functional outcomes**** with low donor-site morbidity.
- * Can serve as an ****alternative to free flaps**** in selected patients.
- * Requires ****careful surgical technique**** to preserve facial nerve branches.
- * Has ****limitations in oncologic cases****, especially with level I lymph node involvement.

****4. Significance****

- * ****Clinical significance:**** Moderate
 - * Useful for surgeons in maxillofacial and reconstructive fields.
- * ****Scientific significance:**** Limited
 - * Due to single case and lack of novel findings.
- * ****Practical relevance:**** High in ****resource-limited settings**** where microsurgery may not be feasible.

****5. Recommendation****

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****Major Revision Required****

****6. Specific Suggestions for Improvement****

1. ****Improve novelty****

* Clearly state what distinguishes this case from existing literature.

2. ****Revise references****

* Provide complete and properly formatted citations.

3. ****Enhance methodology****

* Include objective evaluation criteria (functional scores, aesthetic scales).

4. ****Include figures****

* Add high-quality intraoperative and postoperative images.

5. ****Language editing****

* Perform professional proofreading (French language refinement).

6. ****Ethical compliance****

* Add statement on patient consent and ethical approval.

7. ****Expand discussion****

* Compare more critically with recent studies and highlight limitations.

****Final Decision****

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****Major Revision****

The manuscript has clinical value but requires ****substantial improvement in scientific rigor, formatting, and completeness**** before it can be considered for publication.

**WHY MAJOR REVISION – JUSTIFICATION**

**ABSTRACT (Lines 3–13)**

*** **Line 4–5:****

☐ Statement is too general (“option reconstrutrice fiable”) without novelty.

***Issue:** No clear research gap or originality.

*** **Line 6–7:****

☐ “Analyse clinique descriptive” is vague.

***Issue:** Methodology not clearly defined (no study design clarity).

*** **Line 8–10:****

☐ Outcomes described qualitatively (“satisfaisante”, “morbidity minimale”).

***Issue:** No objective measurement (no scoring system, no quantitative data).

*** **Line 10–11:****

☐ “Comparaison avec les séries publiées” but no actual data shown.

***Issue:** Unsupported claim.

*** **Line 11–13:****

☐ Overgeneralization from a single case.

***Issue:** Scientific overinterpretation.

**KEYWORDS (Lines 14–16)**

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* ☐ Keywords are appropriate but not standardized (MeSH terms not used).

Issue: Indexing problem.

INTRODUCTION (Lines 18–28)

* **Line 18–20:**

☐ Historical description is superficial.

Issue: Lacks recent references.

* **Line 21–23:**

☐ Claims about platysma flap not supported with strong citation details.

Issue: Weak referencing.

* **Line 24–26:**

☐ “Résultats comparables aux lambeaux libres” is a strong claim.

Issue: Needs high-quality evidence citation.

* **Line 27–28:**

☐ Objective is generic.

Issue: No clear novelty or hypothesis.

MATERIALS & METHODS (Lines 33–48)

* **Line 35–36:**

☐ Only “étude descriptive d’un cas”.

Issue: Very low level of evidence.

* **Line 36:**

☐ No ethical approval mentioned.

Issue: Ethical compliance missing.

* **Line 37–40:**

☐ Clinical details insufficient (tumor size, staging, imaging missing).

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***Issue:** Incomplete patient data.

*** **Line 42:****

☐ Figure mentioned but not provided.

***Issue:** Incomplete submission.

*** **Line 44–46:****

☐ Surgical technique lacks depth (no diagrams, no intraoperative details).

***Issue:** Limited reproducibility.

*** **Line 47–48:****

☐ Evaluation criteria vague.

***Issue:** No standardized outcome measures.

**RESULTS (Lines 51–58)**

*** **Line 52–53:****

☐ “Survie complète” without objective validation.

***Issue:** No clinical scoring or imaging confirmation.

*** **Line 53–54:****

☐ “Cicatrisation rapide” not quantified (days, scale missing).

***Issue:** Subjective reporting.

*** **Line 54–56:****

☐ Functional outcomes not measured using validated tools.

***Issue:** Weak scientific rigor.

*** **Line 57–58:****

☐ Comparison with literature again without data.

***Issue:** Unsupported conclusion.

**FIGURES (Lines 42, 50, 61)**

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* ☐ **Figures referenced but not included.**

***Issue:** Major technical deficiency.

**DISCUSSION (Lines 63–112)**

*** **Line 64–66:****

☐ **General statements without critical analysis.**

***Issue:** Descriptive, not analytical.

*** **Line 70–72:****

☐ **Claims of >90% success not properly cited.**

***Issue:** Weak referencing.

*** **Line 73–74:****

☐ **Linking single case to literature is overinterpretation.**

***Issue:** Bias.

*** **Line 78–84:****

☐ **Advantages described well but not critically compared.**

***Issue:** Lack of balanced discussion.

*** **Line 85–93:****

☐ **Literature cited vaguely (ranges like 53–56, 77–83).**

***Issue:** Improper referencing style.

*** **Line 94–102:****

Limitations mentioned (good point), BUT

☐ **Not linked to present case.**

***Issue:** Lack of case-specific critical analysis.

*** **Line 103–107:****

☐ **Again overgeneralization from one case.**

***Issue:** Weak scientific validity.

*** **Line 108–112:****

Future perspective mentioned

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☐ But very generic.

***Issue:** Not impactful.

****CONCLUSION (Lines 113–117)****

* ☐ Too strong for a single case report.

***Issue:** Overstated conclusion without evidence.

****REFERENCES (Lines 118–126)****

* ☐ Incomplete references (no journal, year, volume).

* ☐ Citation format incorrect.

* ☐ Use of grouped references (53–56 etc.) without details.

****Major Issue:**** Not acceptable for publication.

****FINAL JUSTIFICATION FOR MAJOR REVISION****

The manuscript requires ****major revision**** due to:

☐ Scientific Issues

* Lack of novelty

* Low evidence level (single case)

* Overgeneralized conclusions

☐ Methodological Issues

* No objective outcome measures

* Incomplete clinical data

* No ethical statement

☐ Technical Issues

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- * Missing figures
- * Poor referencing
- * Formatting and language problems

☐ ****FINAL DECISION****

****MAJOR REVISION REQUIRED****