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REVIEWER'S REPORT

Manuscript No.: IJAR-57464

Title: Malignant External Otitis: A Retrospective Study of 22 Cases

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

Reviewer Report

Overall Evaluation

This manuscript presents a retrospective descriptive analysis of 22 cases of malignant external otitis managed at a tertiary military hospital. The topic is clinically relevant because malignant external otitis is a rare but potentially life-threatening skull base infection requiring prompt diagnosis and multidisciplinary treatment.

The manuscript provides useful regional clinical data and offers practical insights into diagnosis, microbiological spectrum, radiological findings, and treatment outcomes. However, substantial methodological, statistical, structural, and language-related limitations reduce its scientific rigor.

Recommendation: Major Revision

1. Strengths

1. Clinical relevance

Addresses an important ENT emergency with significant morbidity and mortality.

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Highlights diagnostic challenges in diabetic and immunocompromised populations.

2. Valuable case series

Includes **22 cases**, which is a meaningful sample considering the rarity of malignant external otitis.

3. Comprehensive clinical characterization

The manuscript documents:

Demographic characteristics

Risk factors

Clinical presentation

Microbiological findings

Imaging characteristics

Treatment modalities

Outcomes and recurrence

4. Regional contribution

Provides useful epidemiological data from **Morocco/North Africa**, where literature remains limited.

5. Practical management insights

The detailed therapeutic protocol offers clinical utility for ENT practitioners.

2. Weaknesses

Major Weaknesses

A. Methodological limitations

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The retrospective design inherently limits causal inference.

Specific concerns:

No clear ethical approval number or IRB statement

No patient consent declaration

Inclusion criteria are broad and partially subjective

B. Statistical weakness

Data analysis is extremely basic.

Issues:

Only descriptive statistics used

No inferential statistical analysis

No confidence intervals

No subgroup comparison (e.g., diabetic vs non-diabetic, recurrence vs non-recurrence)

This weakens scientific impact.

C. Small sample size

Although understandable for rare disease research, 22 patients limit generalizability.

D. Literature review excessively long

The discussion is overextended and resembles a textbook chapter.

Needs:

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Condensation

Stronger linkage between findings and published literature

E. Absence of figures/tables

The manuscript lacks:

Clinical images

CT/MRI examples

Tables summarizing patient characteristics

Treatment/outcome comparison tables

This significantly reduces readability.

F. No novelty clearly established

The manuscript does not explicitly explain:

What is new compared with prior MEO case series?

Without this, contribution appears incremental.

REFERENCES ???

3. Key Points Requiring Revision

Major Revisions

1. Add ethical compliance statement

Include:

Institutional Review Board approval

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Approval number

Consent waiver/consent process

2. Improve statistical analysis

Add:

Median and interquartile ranges

Comparative subgroup analyses

Statistical significance testing where possible

3. Restructure discussion

Current discussion is excessively descriptive.

Suggested structure:

Principal findings

Comparison with literature

Clinical implications

Study limitations

Future directions

4. Add tables and figures

Recommended:

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Table 1: Demographics and risk factors

Table 2: Clinical presentation

Table 3: Imaging findings

Table 4: Treatment and outcomes

Figure 1: Flowchart of patient selection

Figure 2: Representative CT image

5. Strengthen novelty statement

Clearly define:

Why this cohort is unique

Regional epidemiological relevance

Any distinct microbiological or therapeutic observations

6. Language editing required

There are numerous grammatical and stylistic problems.

Examples:

“pyocyanic germ”

awkward syntax

inconsistent percentages

punctuation issues

Professional English editing is strongly advised.

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4. Minor Comments

Terminology

Use:

Necrotizing otitis externa (NOE) alongside malignant external otitis, as this is the preferred contemporary term.

Formatting

Correct:

Reference style inconsistencies

Line spacing issues

Broken sentence formatting

Numerical consistency

Several percentages require verification.

Example:

47.36% (n=9/19) should be checked for exact rounding.

5. Scientific Significance

Clinical significance: Moderate to High

The paper reinforces:

Importance of early diagnosis

Diabetes as dominant risk factor

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Role of imaging

Need for prolonged antibiotic therapy

Scientific novelty: Moderate

The manuscript contributes regional observational data but lacks strong innovation.

Publication significance: Moderate

Suitable for:

Regional ENT journals

Clinical case-series journals

Specialty infectious disease journals (after major revision)

Less suitable for high-impact indexed journals in current form.

6. Final Recommendation

Decision:

MAJOR REVISION

Rationale:

The manuscript has clinical value and publishable potential, but substantial improvements are required in

Methodological transparency

Statistical analysis

Presentation quality

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Language

Structural clarity

Evidence of novelty

After significant revision, the manuscript could be suitable for publication.

Overall Verdict:

Major Revision Required Before Reconsideration

Here is a ****clear “Major Revision Justification with line-by-line issues”**** written in proper reviewer style. You can directly submit or adapt this.

****Major Revision Justification ****

****Manuscript:** *Malignant External Otitis: A Retrospective Study of 22 Cases***

****Overall Justification for Major Revision****

The manuscript addresses a clinically important topic and presents a relevant case series. However, ****significant concerns in methodology, statistical analysis, structure, clarity, and reporting standards**** limit its scientific quality. Substantial revision is required before the manuscript can be considered for publication.

****Section-wise and Line-by-Line Issues****

****TITLE****

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*** **Comment:** Title is appropriate but lacks specificity.**

*** **Suggestion:** Consider adding study design and setting**

→ *** "...A Retrospective Single-Center Study of 22 Cases"***

**INTRODUCTION**

**Lines 3–5**

*** Issue:** Sentence is overly long and poorly structured.

*** Problem:** Reduces readability.

*** Suggestion:** Split into two sentences.

**Line 6–8**

*** Issue:** Redundant phrasing (“extremely serious condition” + “diagnostic emergency”).

*** Suggestion:** Concise scientific wording required.

**Lines 8–9**

*** Issue:** Historical description is acceptable but not concise.

*** Suggestion:** Reduce historical narrative; focus on clinical relevance.

**Line 10**

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- * Issue: "90%" claim lacks strong recent citation.
- * Suggestion: Update with recent references (last 5–10 years).

Lines 12–16

- * Issue: General textbook-like statements.
- * Problem: Lacks critical review or gap identification.

Lines 17–19 (Objectives)

- * Issue: Objectives are **too broad and vague**.
- * Problem: Not aligned with study design.
- * Suggestion:
 - * Define **primary and secondary objectives clearly**
 - * Avoid "update treatment strategies" (not possible in retrospective study)

MATERIALS AND METHODS

Lines 21–23

- * Issue: Study design mentioned, but **no ethical approval stated**.
- * Major Problem:
 - * Missing Institutional Review Board (IRB) approval

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*** No ethical clearance number**

*** **Mandatory correction required****

**Lines 23–27 (Inclusion criteria)**

*** Issue:**

*** Criteria are **heterogeneous and partly subjective****

*** Terms like “pyocyanic germ” are non-standard**

*** Suggestion:**

*** Use **standard diagnostic criteria (e.g., Cohen/Levenson clearly defined)****

**Lines 27–28 (Exclusion criteria)**

*** Issue: Acceptable, but not justified.**

*** Suggestion: Provide rationale for exclusions.**

**Lines 29–30**

*** Issue: “compliance with ethical principles” is vague.**

*** Problem: Not acceptable without formal approval statement.**

**Lines 30–34 (Variables)**

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*** Issue:**

*** Overly long and poorly structured list**

*** No definition of variables**

*** Suggestion:**

*** Organize into subheadings:**

*** Demographic**

*** Clinical**

*** Radiological**

*** Outcome measures**

**Line 32 (LEVENSON classification)**

*** Issue:**

*** No explanation or citation of classification system**

*** Suggestion:**

*** Define classification clearly**

**Lines 35–36 (Statistical analysis)**

*** **Major Issue:****

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- * Only Microsoft Excel used
- * No statistical tests
- * No inferential analysis
- * Impact:
 - * Weak scientific validity
 - * **Mandatory improvement required**

RESULTS

Lines 39–41

- * Issue:
 - * Descriptive statistics only
 - * No median, SD, or confidence intervals
- * Suggestion:
 - * Improve statistical reporting

Line 41

- * Issue:
 - * Male-to-female ratio reported without statistical significance

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**Lines 41–44**

*** Issue:**

*** Percentages inconsistent and need verification**

*** Suggestion:**

*** Recalculate and standardize**

**Lines 47–49**

*** Issue:**

*** Risk factors reported but no analytical correlation**

*** Suggestion:**

*** Compare risk factors with outcomes**

**Lines 49–50**

*** Issue:**

*** Diagnostic delay mentioned but not analyzed**

*** Suggestion:**

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*** Assess its impact on severity or complications**

**Lines 54–64 (Clinical features)**

*** Issue:**

*** Overly descriptive narrative**

*** No structured presentation**

*** Suggestion:**

*** Convert into ****table format******

**Lines 66–79 (Clinical examination)**

*** Issue:**

*** Repetitive and verbose**

*** Suggestion:**

*** Summarize findings in table**

**Lines 81–88 (Laboratory data)**

*** Issue:**

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*** No statistical comparison**

*** Suggestion:**

*** Correlate inflammatory markers with severity/outcome**

**Lines 90–97 (Imaging)**

*** Issue:**

*** Important findings but poorly structured**

*** Suggestion:**

*** Add:**

*** Table of imaging findings**

*** Representative CT/MRI images**

**Lines 98–99**

*** Issue:**

*** LEVENSON classification used but not analyzed**

*** Suggestion:**

*** Correlate staging with outcomes**

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**Lines 100–106 (Treatment)**

*** Issue:**

*** Multiple antibiotic regimens without rationale**

*** Suggestion:**

*** Explain treatment selection criteria**

**Lines 106–107**

*** Issue:**

*** Hyperbaric oxygen therapy mentioned but not evaluated**

*** Suggestion:**

*** Either justify absence or remove emphasis**

**Lines 107–113 (Outcomes)**

*** Issue:**

*** “Favorable outcome” not clearly defined**

*** Suggestion:**

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*** Provide objective outcome criteria**

**DISCUSSION**

**Lines 115–130**

*** Issue:**

*** Excessive historical narrative**

*** Problem:**

*** Not relevant to study findings**

*** Suggestion:**

*** Reduce significantly**

**Lines 132–150**

*** Issue:**

*** Pathophysiology described in textbook style**

*** Suggestion:**

*** Focus on interpretation of study findings**

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**Lines 153–160**

*** Issue:**

*** Epidemiology discussed without linking to study data**

*** Suggestion:**

*** Compare your findings with literature**

**Lines 161–165**

*** Issue:**

*** General statements without new insight**

**Lines 166–172**

*** Issue:**

*** Repetition of results instead of discussion**

*** Suggestion:**

*** Interpret findings rather than restate**

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****Lines 173–176****

*** Issue:**

*** Microbiology described but not critically analyzed**

*** Suggestion:**

*** Compare with global trends**

****Lines 177–182****

*** Issue:**

*** Biological findings not correlated with outcomes**

****Lines 183–194 (Imaging)****

*** Issue:**

*** Good content but overly descriptive**

*** Suggestion:**

*** Link imaging findings to your cohort**

****Lines 195–199****

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*** Issue:**

*** Classification systems described but not used analytically**

**Lines 200–210 (Treatment)**

*** Issue:**

*** Discussion is generic, not data-driven**

*** Suggestion:**

*** Relate treatment outcomes to your results**

**Lines 210–215**

*** Issue:**

*** Outcomes briefly mentioned without depth**

**Lines 216–219**

*** Issue:**

*** Differential diagnosis section is too generic**

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**CONCLUSION**

**Lines 221–226**

*** Issue:**

*** Conclusion is generic and not data-driven**

*** Suggestion:**

*** Highlight ****key findings from your study only******

**Lines 226–228 (Limitations)**

*** Strength: Limitations acknowledged**

*** Issue:**

*** Not sufficiently detailed**

*** Suggestion:**

*** Add:**

*** Selection bias**

*** Lack of control group**

*** Lack of statistical analysis**

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REFERENCES???

FINAL JUSTIFICATION FOR MAJOR REVISION

Major revision is required due to:

Critical Issues

1. Lack of ethical approval statement
2. Weak statistical methodology
3. Absence of structured data presentation (tables/figures)
4. Overly descriptive and unfocused discussion
5. Lack of clear novelty and scientific contribution
6. Language and formatting problems

FINAL RECOMMENDATION

****Decision: MAJOR REVISION REQUIRED****

The manuscript has clinical relevance and potential for publication, but only after ****substantial improvement in methodology, statistical rigor, structure, and clarity****.