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REVIEWER'S REPORT

Manuscript No.: IJAR-57796

Title: Cutaneous Malignancies of the Nasal Pyramid: A 36-Case Retrospective Study of Reconstructive Outcomes at the University Hospital Center of Tangier, Morocco,

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 Assessment

This manuscript presents a retrospective analysis of 36 patients with nasal pyramid cutaneous malignancies treated at a tertiary plastic surgery center in Morocco. The study provides valuable regional data regarding epidemiology, clinicopathological characteristics, surgical management, and reconstructive outcomes. The topic is clinically relevant because nasal reconstruction after oncologic excision remains a challenging area in reconstructive surgery, especially in resource-limited settings.

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However, the manuscript has several methodological and reporting limitations that reduce its scientific impact. The study is primarily descriptive, lacks robust statistical analysis, employs subjective outcome assessment, and provides insufficient information regarding follow-up duration and ethical approval. Substantial revision is required before publication.

****Recommendation: Major Revision****

Strengths

1. Clinically Relevant Topic

- * Addresses management of nasal cutaneous malignancies, an important reconstructive and oncologic challenge.**
- * Focuses on a North African population, which is underrepresented in the literature.**

2. Real-World Clinical Data

- * Provides practical experience from a tertiary referral center.**
- * Includes various reconstructive modalities including skin grafts, local flaps, forehead flaps, and secondary intention healing.**

3. Comprehensive Clinical Description

- * Detailed presentation of epidemiological characteristics, tumor locations, histopathology, and reconstructive techniques.**
- * Good photographic documentation of surgical cases and outcomes.**

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4. Public Health Relevance

- * **Highlights delayed diagnosis and healthcare access disparities in rural populations.**
- * **Draws attention to the influence of occupational sun exposure and traditional remedies.**

5. Reconstruction-Oriented Perspective

- * **Useful discussion regarding flap selection and aesthetic subunit principles.**
- * **Demonstrates applicability of conventional reconstructive techniques in resource-limited environments.**

Weaknesses

Major Weaknesses

1. Small Sample Size

- * **Only 36 patients were included.**
- * **Limits statistical power and generalizability.**

2. Retrospective Single-Center Design

- * **Susceptible to selection bias and information bias.**
- * **Findings cannot be extrapolated broadly.**

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3. Inadequate Statistical Analysis

- * Study is described as "analytical" but only descriptive statistics are presented.
- * No comparative analyses.
- * No confidence intervals.
- * No hypothesis testing.
- * No multivariate analysis.

4. Unclear Follow-Up Duration

- * Authors report "no recurrence" but fail to provide:
 - * median follow-up,
 - * mean follow-up,
 - * range of follow-up periods.
- * Oncological conclusions cannot be validated without adequate follow-up.

5. Subjective Outcome Assessment

- * "Acceptable aesthetic outcomes" are reported without validated assessment tools.
- * No patient-reported outcome measures.
- * No objective scar or cosmetic scoring system.

6. Ethical Approval Missing

- * Patient consent is mentioned.
- * Institutional Review Board (IRB) or Ethics Committee approval number is absent.

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7. Inclusion Criteria Inconsistency

- * Methods mention benign and malignant tumors.
- * Results report only BCC and SCC.
- * No benign tumors were identified.
- * Clarification is required.

8. Overstated Conclusions

- * The statement that flap reconstruction produces superior aesthetic outcomes is unsupported by statistical comparison.
- * Conclusions exceed available evidence.

Specific Scientific Concerns

1. Histopathological Reporting

The manuscript should report:

- * Tumor staging system used.
- * Margin status measurements.
- * Histologic risk factors.
- * Depth of invasion.
- * Perineural invasion criteria.

2. Reconstruction Outcomes

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The study lacks:

- * Functional scoring.
- * Patient satisfaction data.
- * Aesthetic assessment methodology.
- * Comparative analysis among reconstruction methods.

3. Recurrence Analysis

"No recurrence" is difficult to interpret because:

- * Follow-up duration is not specified.
- * SCC recurrence can occur years later.

4. Reference Quality

Several references are:

- * Old (1980s–1990s).
- * Local theses.
- * Non-peer-reviewed institutional sources.

More recent literature should be incorporated.

Key Points

Positive Findings

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- * BCC accounted for 72% of cases.
- * SCC accounted for 28%.
- * Lateral nasal wall was the most commonly affected site.
- * Diagnostic delay averaged 36 months.
- * Immediate reconstruction was feasible in most patients.
- * Flap reconstruction appeared clinically favorable.

Important Clinical Message

Delayed diagnosis remains a major challenge in rural North African populations and contributes to advanced disease presentation requiring more extensive reconstructive procedures.

Significance

Scientific Significance: Moderate

The study contributes regional epidemiological data but provides limited novel scientific insight.

Clinical Significance: Moderate to High

The manuscript demonstrates practical reconstructive approaches applicable in centers lacking Mohs surgery and advanced reconstructive resources.

Novelty: Moderate

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- * Similar findings have been reported previously.
- * The Moroccan cohort provides regional value.
- * Scientific innovation is limited.

Detailed Recommendations for Revision

Major Revisions Required

1. Clarify ethical approval and provide approval number.
2. Report mean, median, and range of follow-up duration.
3. Clarify inclusion of benign tumors.
4. Add statistical comparisons where possible.
5. Provide objective aesthetic evaluation criteria.
6. Include patient satisfaction assessment.
7. Strengthen discussion of study limitations.
8. Reduce overinterpretation of flap superiority.
9. Improve reference quality using recent literature.
10. Address possible overlap with previously reported thesis data if applicable.

Recommendation to Editor

| Category | Rating |

| ----- | ----- |

| Originality | Good |

| Technical Quality | Fair |

REVIEWER'S REPORT**| Clarity | Good |****| Significance | Good |****### Final Recommendation: **Major Revision****

The manuscript addresses an important clinical topic and provides useful regional data. However, significant methodological, statistical, and reporting deficiencies currently limit its scientific rigor. Major revision is necessary before the manuscript can be considered for publication.

Major Revision Justification (Issue and Reason)

MANUSCRIPT TITLE: Cutaneous Malignancies of the Nasal Pyramid: A 36-Case Retrospective Study of Reconstructive Outcomes at the University Hospital Center of Tangier, Morocco

RECOMMENDATION: MAJOR REVISION**OVERALL JUSTIFICATION**

The manuscript addresses a clinically important topic and provides useful data from a North African tertiary care center. However, several methodological, statistical, ethical, and reporting deficiencies significantly affect the scientific rigor, reproducibility, and validity of the conclusions. Major revision is required before the manuscript can be considered for publication.

LINE-BY-LINE ISSUES AND REASONS**1. ABSTRACT (Lines 12–16)**

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Issue:

The study is described as "retrospective, descriptive, and analytical."

Reason:

Only descriptive statistics are presented. No analytical statistical tests, comparative analyses, regression models, or hypothesis testing are reported. The term "analytical" is therefore inaccurate and misleading.

2. ABSTRACT (Lines 14–15)

Issue:

Inclusion criteria mention both benign and malignant tumors.

Reason:

Results show only BCC and SCC cases, with no benign tumors identified. This creates inconsistency between methodology and results and requires clarification.

3. ABSTRACT (Lines 23–25)

Issue:

Authors claim that flap reconstruction yielded superior aesthetic outcomes.

Reason:

No objective aesthetic scoring system, patient satisfaction survey, or statistical comparison between reconstruction methods is presented. The conclusion is unsupported by evidence.

4. INTRODUCTION (Lines 47–52)

Issue:

Study objectives are broad and descriptive.

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Reason:

No clear primary outcome or research hypothesis is defined. The manuscript would benefit from specifying primary and secondary endpoints.

5. METHODS (Lines 55–57)

Issue:

Single-center retrospective design.

Reason:

This introduces selection bias and limits external validity and generalizability of findings.

6. METHODS (Lines 68–73)

Issue:

Data extraction methodology is insufficiently described.

Reason:

No information is provided regarding data validation, missing data management, interobserver reliability, or quality control measures.

7. METHODS (Lines 74–76)

Issue:

Statistical analysis is inadequate.

Reason:

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Only Excel-based descriptive analysis was performed. No inferential statistics, confidence intervals, p-values, or subgroup analyses are presented despite comparative conclusions in the discussion.

8. METHODS (Lines 77–80)

Issue:

Ethical approval information is absent.

Reason:

Compliance with the Declaration of Helsinki alone is insufficient. Institutional Ethics Committee/IRB approval number should be reported.

9. RESULTS (Lines 83–86)

Issue:

Small sample size (n=36).

Reason:

The limited sample reduces statistical power and restricts generalizability of conclusions.

10. RESULTS (Lines 100–102)

Issue:

All patients reportedly had childhood and adolescent sun exposure.

Reason:

Assessment methodology is not described. Recall bias is highly likely in retrospective studies.

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11. RESULTS (Lines 113–117)

Issue:

Traditional remedies and self-mutilation are reported as contributors to delayed diagnosis.

Reason:

No standardized assessment method or supporting data are presented to substantiate this conclusion.

12. RESULTS (Lines 131–132)

Issue:

Tumor staging categories are reported (T1, T2, T4).

Reason:

The staging system used (AJCC, UICC, or other) is not specified.

13. RESULTS (Lines 150–158)

Issue:

Histopathological findings are incompletely reported.

Reason:

Important prognostic parameters such as invasion depth, margin distance, tumor thickness, and risk stratification are absent.

14. RESULTS (Lines 167)

Issue:

All excision margins were histologically clear.

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Reason:

Margin clearance distances are not reported. This limits interpretation of oncological adequacy.

15. RESULTS (Lines 177–185)

Issue:

Selection criteria for reconstructive techniques are not standardized.

Reason:

Potential surgeon preference bias may influence reconstruction choice and outcomes.

16. RESULTS (Lines 213–219)

Issue:

No recurrence was observed.

Reason:

Actual median and mean follow-up durations are not reported. Without adequate follow-up, oncological conclusions are unreliable.

17. RESULTS (Lines 216–218)

Issue:

Aesthetic outcomes are described as acceptable.

Reason:

No validated aesthetic assessment tool (POSAS, VAS, FACE-Q, patient satisfaction score) was used.

18. RESULTS (Lines 218–219)

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Issue:

Flaps are reported to provide superior aesthetic results.

Reason:

No statistical comparison between flaps, grafts, and secondary intention healing is presented.

19. DISCUSSION (Lines 243–246)

Issue:

Causes of delayed diagnosis are speculative.

Reason:

Socioeconomic factors, healthcare access, and cultural beliefs were not formally analyzed in the study.

20. DISCUSSION (Lines 259–260)

Issue:

100% clear-margin rate is highlighted.

Reason:

This unusually high success rate may reflect selection bias and requires further explanation.

21. DISCUSSION (Lines 276–278)

Issue:

Authors conclude that immediate reconstruction is oncologically safe.

Reason:

REVIEWER'S REPORT

The study lacks comparative analysis and long-term recurrence data to support this conclusion.

22. DISCUSSION (Lines 271–274)

Issue:

Claims regarding superiority of local flaps.

Reason:

No objective outcome measurements or statistical evidence support these statements.

23. DISCUSSION (Lines 287–292)

Issue:

Limitations are acknowledged but incompletely addressed.

Reason:

Potential information bias, recall bias, surgeon-dependent treatment decisions, and retrospective design limitations should be discussed more thoroughly.

24. CONCLUSION (Lines 296–299)

Issue:

Conclusions exceed available evidence.

Reason:

Statements regarding superior aesthetic outcomes and oncological effectiveness are not supported by objective comparative analyses.

25. REFERENCES (Multiple citations)

Issue:

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Several references are outdated, local theses, or non-peer-reviewed sources.

Reason:

The literature review should be strengthened with recent international studies and guidelines.

ADDITIONAL CONCERN

Issue:

Potential overlap with previously reported thesis/dissertation material from the same institution and study period should be clarified.

Reason:

Authors should explicitly disclose whether the manuscript is derived from a thesis and provide appropriate citation to avoid concerns regarding redundant publication.

FINAL ASSESSMENT

Strengths:

- Clinically relevant topic.
- Valuable regional data from Morocco.
- Good clinical and surgical documentation.
- Useful reconstructive experience.

Major Deficiencies:

- Small sample size.
- Retrospective design.
- Inadequate statistical analysis.

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- Absence of objective outcome measures.
- Lack of follow-up details.
- Missing ethics approval information.
- Overstated conclusions.

EDITORIAL RECOMMENDATION: MAJOR REVISION

The above points provide a strong reviewer justification for a ****Major Revision**** decision because the deficiencies affect the validity of the conclusions but are potentially correctable without requiring rejection.