

REVIEWER'S REPORT

Manuscript No.: IJAR- 59454

Title: ANESTHETIC CONSIDERATIONS IN A PATIENT WITH PARRY-ROMBERG SYNDROME UNDERGOING FACIAL RECONSTRUCTION WITH AUTOLOGOUS FAT GRAFTING: A CASE REPORT,

Recommendation:

Accept after minor revision

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

Reviewer's ID: Bilqees Hamza

Detailed Reviewer's Report

General Overview

This manuscript reports the successful anesthetic management of a 38-year-old male with Parry-Romberg syndrome (progressive hemifacial atrophy) undergoing reconstructive autologous fat grafting to restore facial symmetry. Parry-Romberg syndrome presents significant challenges for anesthesiologists due to the progressive atrophy of facial skin, subcutaneous fat, muscle, and potentially underlying osteocartilaginous structures. These anatomical alterations can impair the ability to achieve an adequate face mask seal during bag-mask ventilation, even in patients who lack obvious hard-tissue deformities.

In this case report, the authors present a thorough pre-anesthetic evaluation highlighting that despite preserved mouth opening, Mallampati class II, a normal thyromental distance, and a computed tomography (CT) scan confirming no underlying skeletal defects, soft-tissue asymmetry alone posed a potential risk for difficult mask ventilation. General anesthesia was induced smoothly, and airway management was secured using a video laryngoscope with a 7.5-mm reinforced endotracheal tube. Adipose tissue was successfully harvested from the patient's right thigh, and the intraoperative course remained stable with minimal blood loss. The patient was extubated without complication and experienced an uneventful postoperative recovery.

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The paper is well-structured, adheres to CARE reporting guidelines, and grounds its discussion in current literature regarding airway evaluation, neurological screening, neuromuscular blockade monitoring, and reconstructive outcomes.

Key Strengths

- Clinical Relevance:** The manuscript highlights a critical clinical nuance: normal hard-tissue/skeletal parameters on CT imaging do not guarantee uncomplicated mask ventilation when soft-tissue asymmetry is prominent.
- Methodological Rigor and Safety:** The choice of video laryngoscopy, a reinforced endotracheal tube, and structured neuromuscular recovery planning aligns well with ASA practice guidelines for difficult airway management and patient safety.
- Balanced Discussion:** The authors avoid overgeneralizing from a single successful case. They appropriately acknowledge that one uneventful outcome does not establish the superiority of a specific technique, providing a balanced, objective narrative.
- Comprehensive Literature Integration:** The discussion effectively incorporates relevant epidemiological, neurological, and surgical literature to contextualize the case within the broader spectrum of Parry-Romberg syndrome manifestations.

Recommendations for Improvement

To enhance the clarity, completeness, and formal quality of the paper prior to final publication, the authors should address the following minor points:

1. Complete Declaration Statements:

The manuscript currently contains placeholder text in the Declarations section for "Consent for publication," "Ethical approval," "Conflicts of interest," and "Funding". The authors must insert the formal, explicit statements for each of these items (e.g., explicitly stating that written informed consent was obtained from the patient to publish the clinical case details and images).

2. Detail Specific Mask Ventilation Strategy:

In the discussion on managing impaired mask seals (lines 88–94), the authors mention alternative methods such as gauze or custom interfaces used in literature. It would strengthen the clinical utility of the report if the authors explicitly state what specific pre-induction contingency plan or physical adjustments (e.g., two-person mask ventilation, modified grip, or specific padding) were prepared in the operating room in the event that mask sealing proved difficult upon induction.

3. Clarify Neuromuscular Monitoring Details:

The discussion rightly emphasizes the 2023 ASA guidelines on quantitative train-of-four (TOF) monitoring. The authors should briefly clarify in the case description whether quantitative TOF

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monitoring was utilized intraoperatively for this patient and whether pharmacological reversal (e.g., sugammadex or neostigmine) was administered prior to extubation.

4. Minor Textual Refinements:

A brief proofreading pass is recommended to eliminate minor line-spacing discrepancies and heading formatting artifacts present in the draft layout.

Final Evaluation and Verdict

This manuscript presents a well-written, educational case report that offers practical clinical insights for managing soft-tissue facial atrophy during general anesthesia. The clinical reasoning is sound, the literature review is relevant, and the limitations are accurately noted.

The manuscript is **accepted with minor revisions**. Once the authors complete the required administrative declaration statements and incorporate the minor clinical details regarding mask ventilation contingencies and neuromuscular reversal, the paper will be ready for final publication.