

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 as it is

Accept after minor revision...

Accept after major revision

Do not accept (*Reasons below*)

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

Reviewer's ID: Dr. Sumathi

Detailed Reviewer's Report

1. Parry-Romberg syndrome, also known as progressive hemifacial atrophy, is a rare, acquired neurocutaneous disorder characterized by the slow, progressive shrinkage (atrophy) of the skin and soft tissues on one side of the face. It typically develops during the first or second decade of life, mostly affecting individuals between the ages of 5 and 15, and is more common in females.
2. Progressive hemifacial atrophy, also known as Parry-Romberg syndrome, is a rare, acquired condition that causes slow, progressive shrinking (atrophy) of the skin, fat, muscles, and sometimes cartilage or bone on one side of the face.
3. Progressive hemifacial atrophy, also commonly known as Parry-Romberg syndrome, is a rare, acquired neurocutaneous disorder characterized by the slow, progressive shrinkage and wasting (atrophy) of the skin, soft tissues, fat, muscles, and sometimes bones and cartilage on one side of the face.
4. The condition typically begins in childhood or adolescence—usually between the ages of 5 and 15—and is more prevalent in females. The

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disease characteristically progresses over a period of 2 to 20 years before spontaneously halting and reaching a lifelong stable phase (quiescence)

5. General anesthesia is a medically induced, reversible state of complete unconsciousness, pain relief (analgesia), memory loss (amnesia), and muscle relaxation. Unlike natural sleep, it interrupts the nerve signals between your body and your brain, making you completely unaware and unarousable even during major, painful surgical operations.
6. Videolaryngoscopy is a medical procedure that uses a specialized blade with a digital camera and light source to transmit an indirect, magnified view of the larynx and vocal cords to a video monitor.
7. Video laryngoscopy (VL) is an advanced medical technique that uses a laryngoscope equipped with a digital camera and a light source at its tip to transmit real-time, magnified images of the airway to an external video screen.
8. Unlike traditional direct laryngoscopy (DL), which requires a strict, physical line of sight to align the oral, pharyngeal, and laryngeal axes, video laryngoscopy allows the clinician to indirectly visualize the vocal cords and glottic opening around anatomical curves. This technology has significantly improved first-pass success rates, modernized difficult airway management, and serves as a vital tool for clinical teaching and recording.
9. Mask ventilation (commonly referred to as bag-valve-mask [BVM] ventilation) is a foundational airway management technique used to deliver positive pressure ventilation to patients with ineffective or absent breathing. It is routinely performed during anesthesia induction, cardiopulmonary resuscitation (CPR), and acute respiratory failure to maintain oxygenation before a definitive airway (like an endotracheal tube) is placed.
10. Autologous fat grafting (also called fat transfer or lipofilling) is a surgical procedure that removes excess fat from one part of your body via liposuction and injects it into another area to restore volume, contour, or improve tissue quality. Because it uses your own living tissue, it avoids the allergic reactions or rejection risks associated with synthetic fillers or foreign implants.

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- 11. Facial reconstruction refers to two entirely distinct fields: medical reconstructive surgery, which repairs living tissue after trauma or illness, and forensic facial reconstruction, which recreates a person's likeness from skeletal remains for legal or historical investigations.**
- 12. Key words are excellent**
- 13. Result part can be given graphs with tables for values.**
- 14. Summary points also be added.**
- 15. References can be given in alphabetical order.**
- 16. After those changes good to publish in your journal.**