
Peer Review File

Article information: <https://dx.doi.org/10.21037/joma-23-31>

Review Comments

Reviewer A

Comment 1: Thank you for your submission "Anesthetic Considerations for Oral Maxillofacial Surgery in Neurologically Injured Patients: A Comprehensive Narrative Review". While I may have certain specific preferences in regards to syntax and paragraph structure, overall I found the article to be well referenced and clearly written.

Reply 1: Thank you for your meticulous review of our article! We appreciate your time and consideration greatly.

Reviewer B

Comment 1: Please transform this work into a systematic review und follow the PRISMA guideline.

Reply 1: Thank you for your proposal to transform our current narrative review into a systematic review. However, considering that Senior Editor Silvia Zhou requested that we submit a narrative review article on “neuroanesthesia” for JOMA, we have decided to maintain our current format. We additionally describe several reasons why our article is stronger as a narrative review.

Firstly, our primary objective is to provide a comprehensive overview of the complex landscape of anesthetic considerations for oral maxillofacial surgery in neurologically injured patients. The narrative format affords us the flexibility to incorporate various types of evidence, such as case reports, expert opinions, and qualitative insights, thereby allowing us to create a holistic resource that caters to the multidimensional nature of this topic. Secondly, we are confronted with a dearth of high-quality quantitative studies in our field of interest, making the quantitative analysis component of a systematic review challenging. Instead, the narrative review format enables us to analyze and synthesize a broader spectrum of evidence, offering a more nuanced understanding of the subject. Furthermore, neurologically injured patients encompass a wide array of clinical scenarios due to the diversity in etiology, comorbidities, and surgical requirements. The narrative format is better equipped to accommodate this clinical heterogeneity, allowing us to provide tailored, context-specific recommendations and practical guidance that clinicians can apply effectively in various situations. Lastly, our manuscript's primary goal is to offer real-world insights and practical guidance to clinicians and researchers in this specialized field. The narrative format enables us to incorporate clinical pearls, expert opinions, and qualitative evidence, enriching the content with valuable, actionable information that may not be adequately captured in a systematic review focused primarily on statistical data. We firmly believe that retaining the narrative review format aligns most effectively with our overarching objectives. We have taken your feedback to heart and have made significant improvements, including the addition of a limitations section, to enhance the manuscript's clarity and organization. We genuinely appreciate your support and guidance throughout this process and look forward to your continued involvement in refining our work.

Abstract:

Comment 2: Findings: must detail the main results (and, if possible, with appropriate statistics)

Reply 2: We have comprehensively revised the "Key Content and Findings" section within the abstract, providing a more in-depth exploration of our primary findings. Furthermore, we have expounded on critical perioperative management strategies, as well as the physiological goals and targets that emerged from our study.

Methods:

Comment 3: Which time span was selected? (from inception to??)

Reply 3: We added to the methods section under Search Strategy that “a comprehensive literature review was conducted in July 2023.”

Review part:

Comment 4: Please specify the level of evidence and recommendation grade of each recommendation in the review.

Reply 4: While we recognize the importance of providing a rigorous evaluation of evidence and recommendation grading in systematic reviews and clinical practice guidelines, our narrative review differs in that it aims to provide a comprehensive overview of the topic, focusing on synthesizing existing knowledge and expert perspectives rather than assigning formal grading. Attempting to assign such levels and grades may not align with the diverse range of study designs typically included in narrative reviews. However, in our manuscript we have placed an emphasis on discussing limitations of reviewed studies, highlighting consensus or expert opinions, and providing context for clinical relevance. We appreciate your feedback and remain eager to address any specific concerns you may have, ensuring that our review aligns with your expectations while maintaining its narrative format.

Comment 5: Please analyze the data again regarding antibiotics for penetrating injuries. Neither cephalosporins nor metronidazole plus vancomycin are the first-line antibiotics.

Reply 5: The use of prophylactic antibiotics in penetrating traumatic brain injury remains a subject of ongoing debate. In a recent thorough examination of this crucial subject conducted by Ganga et al. (2023), the authors acknowledge the existing differences among institutions. However, after a meticulous review of the available evidence, they recommend a prophylactic regimen with cephalosporins, with the addition of metronidazole when organic debris is present. We have duly incorporated these recommendations into our manuscript.

Comment 6: Please also add the review on airway management in case of mandibular symphysis and parasymphysis fractures with subsequent airway obstruction.

Reply 6: We are grateful for your comment and have incorporated an additional paragraph into the airway management section, specifically addressing the critical aspects of managing airway obstruction in the context of mandibular fractures (Page 12).

Comment 7: Please also review indications of tracheostomy and cricothyroidotomy in facial trauma patients.

Reply 7: We appreciate your comment. While an exhaustive review of the indications for cricothyroidotomy and tracheostomy lies beyond the purview of this manuscript, we have thoughtfully incorporated a commentary concerning the importance of considering a surgical

airway when conventional measures to establish and maintain a patent airway prove ineffective. This information can be found on page 12, within the first paragraph.

Comment 8: Please add one diagram or picture to demonstrate the evidence-based management of OMF trauma patients with intracranial injury, for example, from hospital admission to surgery to follow-ups.

Reply 8: Thank you for this suggestion. We have incorporated two additional figures (Figure 7 and Figure 8) which illustrate the management of trauma patients with brain injuries by detailing initial diagnostic workup as well as the process from hospital admission to postoperative follow-up.

Reviewer C

Comment 1: This is an exhaustive overview of the pathophysiology and critical management issues of patients with TBI. Patients with associated facial trauma present biomechanical, etiological, diagnostic and management peculiarities according to ATLS and in particular with regard to visual threatening problems. These aspects should be better explored, with specific interest in the interactions between facial trauma and TBI, from an anesthetic and resuscitation point of view.

Reply 1: We thank you for this insight regarding visual threatening problems. We have incorporated an additional paragraph on Page 9 under *Trauma: Penetrating versus blunt* with two cited articles.