

Peer Review Comments

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Reviewer A

Comment 1

Numbers: 15 patients were mentioned in total. In the results, 14 patients had mod-severe OSA based on severity score (93.3%), but in Table 1: it is 12 out of 15 pts with moderate and severe OSA. Can the authors explain the difference in numbers/ amend?

Reply

Thank you for your review and comments.

This was an error in the manuscript and has been corrected.

Changes in text

Page 8

Comment 2

If TBR +/- LT, with other procedures such as adenotonsillectomy, adenoidectomy, and IT reduction were included, how did the study isolate (statistically) the effect of TBR + LT and LT alone? If this was not done due to low patient numbers, this should also be discussed in the discussion: that the inclusion of other procedures may affect the degree of improvement of OAH/symptoms, and improvement in this patient subgroup, can't be attributed to TBR/LT alone. This is why patient selection is key, as mentioned in the paper.

Reply

No patient received concurrent adenotonsillectomy at the time of their tongue base reduction surgery. Most patients (80%) were referred for consideration for TBR after failing to improve with adenotonsillectomy.

Seven patients had other concurrent procedures, including cautery of inferior turbinates, turbinoplasty and revision adenoidectomy. We were unable to isolate (statistically and clinically) the effect of each additional procedure on patients' OSA scores. Patients in this cohort are highly comorbid and it would be unethical to subject them to sequential general anaesthetics to measure the effect of each individual surgical procedure.

The manuscript has been amended to acknowledge the possible contribution of additional procedures in "Limitations".

Changes in text

Page 13

Comment 3

Limitation of study – retrospective, not all had pre and post op PSG, hence a limitation in objective pre- and postop measurements. This should be further discussed in the “Limitations”.

Reply 1

The manuscript has been amended as per reviewer’s comments.

Changes in text

Page 13

Comment 1

Page 8 last paragraph – statistical analysis on 6 pts only – very low numbers

Reply 1

Unfortunately, this is related to the small sample size of the study, which reflects the low number of patients undergoing TBR.

This has been addressed in “Limitations”.

Changes in text

Page 13

Comment 1

Page 9 paragraph 2 – why are there 9 patients in the subgroup analysis of BMI risk category comparing the mean decrease in OAHl, when only 8 patients had a pre and post-op PSG/OAHI? Please review the numbers

Reply 1

This was an error in the manuscript and has been corrected.

Changes in text

Page 9

Comment 1

Page 11 discussion – I think the study should acknowledge early in the paper, that the patient numbers between overweight (N=2) and obese patients (N=3) are very small, and should not be sufficient to conclude that overweight pts will respond better to TBR/LT than obese cases. This may be the case, but this cant be concluded based on this study alone. More numbers are needed to confirm this. This limitation (low patient numbers, retrospective study) should be written in the discussion apart from what was written in the Limitations.

Reply 1

The manuscript has been amended as per reviewer's suggestions in "Discussion" and "Conclusion".

Changes in text

Page 12 and 14

Reviewer B

This is a small retrospective study looking at OSA outcomes after tongue base reduction surgery in paediatric patients. It is well written and the authors acknowledge the limitation due to the small sample size. It makes a good argument for a multidisciplinary team approach to the management of complex paediatric OSA patients.

Reply

Thank you for your review and comments.