Peer Review File

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Reviewer A

Comment 1: Retrospective review of a large level 1 trauma centre's database including 377 patients with 419 PTB fractures over a 5 year period. Overall it is well-written with a comprehensive discussion of the findings and the relevant literature. The authors present an algorithm for the management of these patients which seems clinically useful. It would benefit from careful re-reading just for general review of English language/grammar/typos. A "good" facial nerve outcome was classified as HouseBrackman grades 1-3 and was reported in over 80% of the affected patients - what percentage of these patients had normal function ie HB1? That is an important distinction as far as patients are concerned and it would be helpful to see outcomes grouped as "normal", "good" (HB2-3) and "poor" (HB4-6).

We have included the total number of patients achieving HB 1 in the results section

Comment 2: The authors mention anosmia as a related complication/symptom but do not go into any further detail. How do the authors relate PTB to anosmia? The taste change could be related to chorda tympani injury but perhaps the anosmia is more likely related to a brain injury or whiplash type injury, in which case it perhaps does not warrant specific mention in this paper?

We have removed anosmia as a variable from the body of the text.

Reviewer B :

Very well written. Highlighting that "falls" is the most common cause for PTB fracture is significant, particularly with aging populations. Nice flow chart.

Extremely minor revisions:

at line 209 move "Only 23% had no hearing loss." to

Sensorineural hearing loss (SNHL) was seen in 50 injuries (43%), conductive hearing loss (CHL) in 17% and 16% with a mixed picture. Only 23% had no hearing loss.

Line 209 has been changed as suggested.

at line 291 change "bad outcome" to "poor outcome"

Line 291 has been changed as suggested.