

Peer Review File

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Reviewer A

This is a retrospective review of 16 extended skull base resections in which the repair was done using an inlay TFL graft and an external pedicled pericranial flap rotated into the nose via a modified Lynch incision. The results suggest this is a reliable technique with no postoperative CSF leak or complication.

There are some minor corrections/clarifications required in the description of the operative technique:

"The endoscopic procedure started with middle turbinectomy to allow binasal approach." - perhaps this should be septectomy?

"A wide unification sphenoidectomies were performed follow by removal of mucosa of nasopharynx and skull base resection." - was nasopharyngeal mucosa removed in all cases?

The technique reports "a lateral rhinotomy incision" but the abstract describes "a limited eyebrow incision" - please clarify. Figure A seems to show a modified Lynch incision which might be a better term to use?

Reply: Changes completed

Changes to text: Please see line 51-52

In the discussion:

"With the introduction of the nasoseptal flap, the pericranial flap has lost favor as some believed that there was a lack of an external approach for harvesting the flap, a lack of a route for passage of the flap and the additional morbidity of the coronal incision and subgaleal dissection (3,12)" - this sentence should be rewritten for clarity: the "lack of an external approach" and "the lack of a route for passage of the flap" do not quite make sense.

Reply: Changes completed

Changes to text: Please see lines 198-205

Table 1 and Table 2 could be combined. An age range of patients would be interesting in addition to a median age.

Reply: Changes completed

Changes to text: Please see page 12

Reviewer B

This is a case series describing a hybrid technique of skull base repair using fascia lata and a pericranial flap tunneled through a lateral rhinotomy incision. There are many papers currently published describing this approach to skull base repair therefore, this paper does not add anything new to the literature.

A few further comments:

The language throughout the manuscript is poor. For example: “A wide unification sphenoidectomies were performed follow by removal of mucosa of nasopharynx and skull base resection.”

Reply: Changes completed

Changes to text: Please see page 6

The description of the technique is inadequate for the reader to understand and adopt this technique.

Reply: Changes completed

Changes to text: Please see page 6

The follow-up is short. Many of these patients will undergo post-operative radiation treatment and therefore, longer follow-up is necessary to assess the long-term results of this approach.

Reply: We acknowledge that this case series is limited by its small sample and short- term outcomes. We aim to expand the study and recruit further samples and extend follow- up period once our current data have been published.

Changes to text: Nil change. See line 219- 222 for limitations

Line 150: a middle turbinectomy does not allow a binasal approach.

Reply: Surgical approach clarified

Changes to text: Please see line 157-178

Line 158: can the authors explain the use of a Foley catheter to support the flap. Foley catheters provide asymmetric support to the flap and have been associated with pressure necrosis.

Line 177-180 does not make sense.

Reply: Changes completed

Changes to text: Please see line 157-178

A figure demonstrating the path for the flap through the nasal bone would be helpful.

Please provide a description regarding the anatomic boundaries for drilling the bony communication through the lateral rhinotomy to the nasal cavity.

Reply: Surgical approach clarified

Changes to text: Please see line 168- 170

Also, a description of the reach of the pericranial flap would also be helpful.

Reply: Surgical approach clarified

Changes to text: Please see figure B and figure C

Further, the harvest of fascia lata carries risks including the impact on mobility for the patient post-operatively. The authors should justify their use of fascia lata over other reconstructive options (for example robustness, burst pressure etc.).

Reply: Surgical approach clarified
Changes to text: Please see line 198- 205