

## Stealth cranioplasty in symptomatic adult chiari 1 malformations: Experience at Bangabandhu Sheikh Mujib Medical University

Rahman A et al. ([bijoun14@yahoo.com](mailto:bijoun14@yahoo.com))

Executive Editor's comments (26-Feb-23)		Author's response (08-Mar-23) <i>Please respond to all comments from the editor and reviewer(s). Indicate the line number(s) of the manuscript where the changes are done.</i>
1.	Your manuscript needs a Major Revision. Format the manuscript according to the Checklist attached.	1. Done.
2.	Revise the manuscript as per comments given by the reviewers in the attached file.	2. Done.
3.	Please make clear statement of objectives. It is not understandable.	3. Lines 12 - 14 in abstract, and Lines 64 – 69 and 181 - 183 in text.
4.	I do not see a standard to which the SC can be compared. If other surgeries are used for comparison, a case-control design should be used. In such instances, the analysis would be different. Please justify your research design.	4. It was an observational study, comparing the clinical outcomes of commonly practiced standard surgical procedures the posterior fossa decompression with duraplasty (PFDD), and stealth cranioplasty (SC) for Chiari 1 malformation (CM1). Comparison of another standard surgical procedure for CM1 the posterior fossa decompression only (PFD) was also done. (Lines 64 - 69 & 181 - 183).
5.	Consolidate the discussion around your main message. Avoid stating results in the Discussion section.	5. The discussion has been revised with attention to avoid stating results. (Lines 186 – 188, 194 – 195, 232 -234, 253 - 255).
6.	You have two kinds of comparisons: 3x2 contingency table and quantitative data for thrcomparisons. The first type should be analyzed using a chi-square test. The second type by ANOVA. There are confusing statements in the texts. There should be only one comparison (and p value) for each variable. You have used three comparisons for all variables. This has invited the issue of multiple comparison.	6. Tables have been rearranged (new Tables 1 – 4).
7.	Reduce the number of tables and figures. Tables 3 and 4 could be easily merged. I suggest changing these tables to dot plots using data in quantitative form. Provide one p-value per dot plot of three surgical procedures. For example, quantitative values of CCOS could be plotted for PFD, PFDD and SC in a single graph having one p value obtained by ANOVA.	7. One table has been converted to a dot plot as advised.
8.	Please include strength and limitations of the study.	8. Added (Lines 266 - 272).
9.	Edit the language with assistance from someone conversant in scientific English.	9. Done.
10.	All references should be given in superscripts.	10. Done.
<b>Editor's Decision</b>	a. Minor revision	
	b. Major revision	√
	c. Reject	

Reviewer's comments		Author's response	
Date review assigned	07-Feb-23	Date sent to author	26-Feb-23
Date review returned	09-Feb-23	Date received from author	08-Mar-23
Reviewer name, affiliation, email, ORCID	Prof. Md. Aminul Islam Joarder Dept. Surgery, BSMMU <a href="mailto:aminuljoarder@gmail.com">aminuljoarder@gmail.com</a>		
Conflict of interest of the reviewer	None		
<b>Please write Yes or No</b>		Please write a response if the reviewer's comment is No. You must change the manuscript as per your response. Mention line numbers.	
1. Is the research question or study objective clearly defined in measurable terms?	No	Done. Lines 12 - 14 in abstract, and Lines 64 – 69 & 181 - 183 in text	
2. Is the abstract accurate, balanced and complete?	No	Done. Lines 8 - 33	
3. Is the study design appropriate to answer the research question or achieve objective?	Yes		
4. Are the Methods described sufficiently to allow others to repeat it?	Yes		
5. Are the operational definitions and ascertainment of key variables given adequately?	No	Did not get the point.	
6. Are the outcomes clearly defined?	Yes		
7. Are statistics used appropriately and described fully?	Yes		
8. Do the Results address the research question or objective clearly?	Yes		
9. Are the tables and figures clear and appropriate to address the objective or research question?	Yes		
10. Does the Discussion cover the main points of the paper?	Yes		
11. Are the strengths and limitations addressed?	Yes		
12. Are the conclusions justified by the results?	Yes		
13. Are the references up-to-date, and appropriate?	Yes		
14. Is the standard of written English acceptable for publication?	Yes		
15. <b>Descriptive comments</b> to the authors (Divide it into MAJOR and MINOR points).		Respond and reflect it in your manuscript. If you refute, justify your argument using references. Mention line numbers.	
1. Title needs to be changed. I suggest changing it to "Stealth cranioplasty in symptomatic adult Chiari 1 malformations: experience at Bangabandhu Sheikh Mujib Medical University Hospital, Dhaka."		1. Done (Lines 5 - 6).	
2. Introduction should be brief with clarification of stealth cranioplasty.		2. Done (Lines 52 - 58).	
3. Material and methods: One paragraph should be used for "Patient selection" covering inclusion and exclusion criteria.		3. Done (Lines 88 - 97).	
4. In discussion, comparative complication needs to be mentioned in one paragraph.		4. Done (Lines 255 – 258).	
<b>Reviewer's Recommendation</b> (Tick mark on the open boxes to the right)	d. Minor revision		
	e. Major revision	✓	
	f. Reject		

## Second round

<b>Executive Editor's comments (08-Mar-23)</b>	<b>Author's response (10-Mar-23)</b>
<ol style="list-style-type: none"><li>1. Please copy all authors in your submission; (we did not get the email IDs authors).</li><li>2. Kindly check the comments given on the right side of the Admin Checklist for your revisions; All points must meet compliance.</li><li>3. Table 5 is not in line with Tables 1-4, in which SC findings have been compared with SC separately because this is the paper's primary objective. But Table 5 contains a comparison of three approaches in a single place; Kindly separate them; Moreover, the first category of the CCOS could be 4-8 because all these have zero observations. In such a case, a continuity correction for a Chi-square test will be necessary.</li><li>4. The dot plot is not well prepared; it does not provide enough visual impact either; I suggest removing it but describing the findings in the text.</li><li>5. I suppose, your discussion and conclusion could improve by having the article by Siasios J et al (DOI: 10.1155/2012/640127) in your reference list.</li></ol>	<ol style="list-style-type: none"><li>1. Email of all authors has been given in the main documents and all authors are copied in email.</li><li>2. All points in the given admin checklist has been addressed in the main documents as well as completed checklist attached with the mail.</li><li>3. As per instruction Table 5 has been revised according and attached in the main document.</li><li>4. The dot plot has been removed as advised and described in the main text.</li><li>5. As per guidance the discussion and conclusion has been improved based on the article by Siasios J et al (DOI: 10.1155/2012/640127) in your reference list</li></ol>

## Third round

<b>Executive Editor's comments (10-Mar-23)</b>	<b>Author's response (11-Mar-23)</b>
<ol style="list-style-type: none"><li>1. We have noted that the name of coauthor in the text and email are not send. Please, mentioned the corrected author name in the main text.</li><li>2. The abstract should within 250 words. Please, resubmit the manuscript's clean and marked copy again.</li></ol>	<ol style="list-style-type: none"><li>1. Name of the all authors has been checked and corrected.</li><li>2. Reduced the words count of the abstract into 240. The clean and marked copy of the manuscript has been attached with this email.</li></ol>