Author's response to reviews

Title: Cholesteatoma of the external ear canal. Etiological factors, symptoms and clinical findings in a series of 48 cases.

Authors:

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Author’s response to reviews: see over
Dear Editor

We would like to submit our manuscript, which has been revised according to the comments of the reviewers. We have also made some editing and formatting changes to the revised manuscript according to the editorial suggestions.

All co-authors have read and approved the changes made in the manuscript.

We would like to thank both reviewers for their thorough reviewing process.

We look forward to hearing from you.

Yours sincerely,

Hanne Hojris Owen
First reviewer: Ramin Naim

No revision required

Second reviewer: Anthony Wright

General

1st section
- The paper is simple. The title is aetiological factors, symptoms and clinical findings in 48 cases of ear canal cholesteatoma (ECC). The paper goes on to discuss the background to this rare condition and shows that half their cases are idiopathic and half have a possible causal agent with certain caveats. It may be that the ECC caused an irritation which necessitated the use of cotton buds rather than the reverse.

Reply: The paper is indeed a basic report on EECC, but the benefit of the current series of patients is that it contains the largest clinical series in the literature. Hence, it is possible to substantiate the more scattered observations found in previous papers. We agree on the last suggestion, and it has been incorporated on page 17.

2nd section
- The paper does not define what it means by ECC since it only reports other papers (including mine) and it does not include any histological descriptions. The authors must have operated on most of the patients and the histology should be included in the clinical findings section of the paper since it is so interesting (well I think so).

- Inclusion of their definition of the condition, the histological features to distinguish the condition from keratosis obturans.

Reply: Our definition of the EECC was primary clinical, and it has been described on page 5 under Methods. We have further clarified it in the revised edition.

We agree that the histology is very interesting, but it was not a part of this investigation itself. The histological examinations have only been used to support the clinical diagnosis and have not been systematically evaluated for publication by our pathological department. An addition has been made on page 5, including a brief description of the histological findings.

3rd section
- There is nothing wrong with this paper except that it is far too long.
- Repetition and proliferation are rife and need to be trimmed.
- If the paper can be shortened – ask a colleague to read it and edit it down.
- Reduce the length of the paper
Reply: We agree the paper is long, and further attempts have been made to shorten it and avoid reiterations. However, the thorough reviewing of previous papers and systematic comparison with our results can be justified by the fact that more precise information can be provided.

For instance, some authors emphasize on anterior-inferior occurrence of the EECC, while others posterior-inferior. However, these studies are mostly on smaller materials, and by review and comparison with our results, more valid data are obtained describing an equal occurrence. Similarly, we have shown that there is neither a difference in gender nor left or right side; that it can be found in younger age groups; and that it is not primarily a unilateral disease.

Reviewing the literature and comparing it to our own results with emphasis on clinical findings and patient characteristics may improve diagnosis. This has been clarified in the conclusion of the revised edition.

4th section
-detailed of management strategies

Reply: The reason we haven’t described the treatment more thoroughly is that it was not the aim of our study, and that we plan to make a sequel paper with focus on the surgical approach applied.

Since we are a tertiary referral centre and since most cases have been seen by private otological practises (secondary referral centres), who presumably had already tried conservative treatment, the cases we described need more aggressive treatment. As we haven’t seen the unknown number of cases managed by conservative treatment, we cannot give recommendations on how to distinguish, which cases can be managed by conservative treatment as opposed to surgery.

However, the surgical treatment applied has been described in more detail on page 20 in the revised edition, and can be recommended based on our few recurrences. In addition, postirradiatory cases poses a special problem where conservative treatment is recommended since healing is impaired.

Editorial changes

1: Ethics

Experimental research that is reported in the manuscript must have been performed with the approval of an appropriate ethics committee. Research carried out on humans must be in compliance with the Helsinki Declaration (http://www.wma.net/e/policy/b3.htm), and any experimental research on animals must follow internationally recognized guidelines. A statement to this effect must appear in the Methods section of the manuscript, including the name of the body which gave approval, with a reference number where appropriate. Informed consent must also be documented.

Reply: The research project was approved by The Danish Data Protection Agency (j.nr. 2003-41-2767). The study was retrospective and based on patient files and according to The Danish National Committee on Biomedical Research Ethics it does not need approval or informed consent from participants. These regulations are based on the Helsinki declaration.
2: Tables
Please also ensure that your revised manuscript conforms to the journal style
(http://www.biomedcentral.com/info/ifora/medicine_journals). It is important that your files are
correctly formatted.

Reply:
Instead of being additional files the tables have now been moved to the end of the manuscript and
edited according to “instructions for authors.”

Yours sincerely

Hanne Højris Owen