Reviewer's report

Title: Use of porous high-density polyethylene grafts in open rhinoplasty: no infectious complication seen in spreader and dorsal grafts

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Reviewer: Ismail Küçüker

Reviewer's report:

Dear Editor

I have received an original paper about the usage of Medpor implants as nasal grafts in secondary rhinoplasty cases. This paper can be accepted but needs major compulsory revisions.

This is a prospective study with human ethics committee approval. Clinical cases are well selected and number of the cases is enough. Besides these, this study do not have a control group. The authors declared that most of the patients selected Medpor because of its rigidity. They also mentioned that patients were warned about the possible complications of Medpor. In my clinical practice when I explain my patients about the possible complications of Medpor, almost all my patients prefer costal cartilage grafts, but in this study most patients preferred Medpor. This may correct according to patient expectations but some patients must still select costal cartilage grafts and these patients may be the control group. So to sum up to increase the effectiveness of these study other patients that preferred costal cartilage grafts must be added as control group to compare the complication rates.

Usage of Medpor implants during rhinoplasty eases surgical procedure and as there is no donor site morbidity early surgical comfort increases. But in my clinical experience facing medpor extrusions are very problematic and besides skeletal problems we also face with soft tissue problems that permanently decreases future surgical success. So Medpor must always be the second choice and shall be used only in patients that do not accept rib grafts and accept all possible Medpor complications. I have used Medpor implant as spreader grafts in two cases and did not face any complication. I have also used Medpor as strut graft in only one case, which became a nightmare for me with an extrusion and infection at left nasal tip. So I never use medpor implants under tense and thin skin areas. So I do not advice the usage of medpor implants except for spreader grafts in rhinoplasty.

In this paper authors did not face any major problems in spreader and dorsal graft cases. Spreader grafts are logical but in dorsal grafts medpor implants directly contact with skin and extrusion is always a risk. In this sections authors must mention about the preparation and the thickness of the medpor implants when they use Medpor as dorsal graft. Also they must mention about if they smoothened the cutting edges of the medpor to avoid any extrusion.
Usage of medpor in rim area is very dangerous as any extrusion of medpor in this area can lead to irreversible soft tissue losses.

So as a conclusion I agree the conclusions of the authors about the usage of the medpor implants except the usage of medpor implants as dorsal nasal grafts. In my opinion Medpor should not be used in rhinoplasty except for isolated spreader graft cases. Before accepting the paper the authors should add a control group and make a statistical analysis.

If editor wants I can add a commentary section at the end of the paper.

Best Wishes

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I have no competing interest