Reviewer’s report

Title: A modified surgical technique in the management of eyelid burns: a case series

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Reviewer: Gertrude Maria M Beer

Which of the following best describes what type of case report this is?: Other

If other, please specify:

Modification of surgical treatment of severe eyelid burns

Has the case been reported coherently?: No

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: No

Is the case report persuasive?: No

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

General comments

The surgical management of eyelid burns is still a big problem in the treatment of
burn injuries and is thus of major scientific interest.

The authors present a new technique in the surgical management of eyelid burns but do not explain what is the benefit of their new technique over the existing ones, and why loosening and separating of the orbicular muscle is necessary or beneficial for successful skin grafting. Gaining 5 mm space by this technique (1/5 longer than eyelid) is by far too little addtional space for successfully grafting. In the drawings of Figures 1 to 4 the authors show only the basic routine technique of eyelid grafting, but not their modification.

The case series is a compostition of three groups. These are three completely different groups which have completely different therapeutical and timely operative regimes and thus should not form one case series:
1 sulphuric acid burn
2 high percentage flame burns (70 – 80 % BSA) and
5 low percentage flame burns (7-10% BSA)
Plasma exsudation, for example is no problem in low percentage burns with regard to the success rate of taking of skin grafts, whereas it can be a big problem in high percentage burns.

Moreover, in their case presentation the authors state that in five patients of the series the orbicular muscle was burnt. On the other hand they state that during the operation the periorbital area was (only) dermabraded. What did the authors do with the burnt muscles ? Wheter the muscles were completely burnt or not was not mentionned in the manuscript.

In lower eyelids, when part of the muscle is burnt, loosening and separating the rest of the muscle seems dangerous with respect to muscular eyelid function.

The authors chose full-thickness skin to reconstruct the eyelids. The authors yet did not explain their choice, but this choice (full-thickness skin instead of split-thickness skin) is probabely one of the reasons, why in the corresponding Figure 6 (result of the new technique) the patient is not able to open his eyes adequately 7 months after surgey.

This result, along with the scientific design of the manuscript, is not convincing to the reader.

**Quality of written English:** Not suitable for publication unless extensively edited

**Declaration of competing interests:**

I declare that I have no competing interests