Dear Editor In-Chief,

JMCR

Dear Sir/Ma,

RE: Nasopharyngeal cancer mimicking Otitic Barotrauma in a resource challenged centre: a case report and literature review.

Thank you very much for the review of the manuscript and the comments of the reviewers are noted. We have revised the manuscript as suggested and the changes made to the manuscript are indicated in red letters. The ethnicity of the patient has been included in the abstract as requested. Other corrections with regards to language have also been made.

Our responses to the reviewers’ comments are as follows:

Reviewer 1:
1. Endoscopic examination of the nasopharynx was not performed because nasopharyngeal cancer was not suspected. It was after CT scan that nasopharyngeal tumour was found.

2. Unfortunately, the quality of the photograph of the tympanogram can no longer be improved upon because that was the best print-out that our equipment could produce for the patient at the time the tympanometry was done.

Reviewer 2:
1. Under Introduction in line 14: ‘Unusual’ has been changed to ‘Unexpected’

2. The patient only complained of Otologic symptoms and the general and Ear, Nose & Throat examinations at presentation did not reveal any additional sign that would make one suspect nasopharyngeal tumour. The fact that she had previous history of feeling of aural blockage following air flights which usually resolves with treatment readily blinded one’s sense of judgement not to evaluate
the patient for nasopharyngeal tumour.

3. The patient had been receiving treatment for barotrauma in various outside health facilities before presenting to us. We only administered topical decongestants and valsalva manoeuvre with a short appointment for follow up. However the persistence of the symptoms and the worsening otoscopic findings warranted the re-evaluation with CT scan. Statement on the treatment received by the patient from outside health facilities has been included in the manuscript in line 8 and 9 under case presentation.

4. We thought a CT scan would be more revealing in the event of subclinical sinus disease and also wanted an assessment of the middle ear cleft. The possibility of a mass in the nasopharynx was not considered at the time of evaluation.

5. We agree that OME usually causes mild conductive hearing loss. The Pure Tone Audiogram of the patient showed moderate to severe conductive hearing loss bilaterally except at 2000Hz where the hearing loss is mixed. It is possible that the long standing history (six months) of the condition could have been responsible for that degree of conductive hearing impairment.

6. Intra operatively, the nasopharyngeal lesion was found to have involved the openings of the Eustachian tubes by its sheer bulk. Only the tinnitus stopped at immediate post-operative period while the hearing loss improved with chemoradiation.

7. The sentences ‘In the immediate post operative period, there was symptomatic improvement with resolution of the tinnitus and improvement in hearing after commencement of chemoradiation. The histology was undifferentiated carcinoma of the nasopharynx (WHO type III). She was referred to the clinical oncologist and radiotherapist in our centre for chemoradiation therapy. She had so far sustained a clinical improvement in her hearing. Pure Tone Audiogram done thereafter showed socially adequate hearing thresholds in most frequencies (Figure 4)’ in the line 27 to 22 under case presentation has been re-written as ‘In the early post operative period, there was symptomatic improvement with resolution of the tinnitus. The histology was undifferentiated carcinoma of the nasopharynx (WHO type III). She was referred to the clinical oncologist and radiotherapist in our centre for treatment. The hearing loss improved after commencement of chemoradiation. She had so far sustained clinical improvement and pure Tone Audiogram done thereafter showed socially adequate hearing thresholds in most frequencies (Figure 4)’ for comprehension.

8. CT scan photographs have been included in the manuscript. Unfortunately, the quality of the photograph of the tympanogram can no longer be improved upon because that was the best print-out that our equipment could produce for the patient at the time the tympanometry was done.

Thank you very much.