Reviewer’s report

Title: Comparison of the reconstruction of through-and-through cheek defects involving the labial commissure following tumor resection using four types of local and pedicle flaps

Version: 0 Date: 17 Dec 2018

Reviewer: Matthias Troeltzsch

Reviewer's report:

The authors have to be commended for this work. The manuscript is very well written. All sections are clear and concise and the literature list is sufficient. The presented cases are well treated. In all cases a high level of surgical skill was required to achieve the results. The pictures are of sufficient quality.

Please address the following aspects to improve the scientific level of the study:

Please clearly state the purpose of the study. Is there a focused research question?

In the year 2018 we should refrain from just presenting our results in a descriptive manner. I understand that the outcomes of 35 patients who presented with buccal SCC of VARIOUS stages and treated with DIFFERENT flap designs are compared. It goes without saying the e.g. PMMF is too voluminous for stage I resection defects. Therefore - as depicted in table I - they were not used in those cases. Vice versa, A - EFs were not used for extensive defect reconstruction.

The idea of a study, however, is to research the performance of e.g. a certain type of flap for the reconstruction of differently sized resection defects and then compare the outcomes (e.g. functional, esthetic or surgical) OR to investigate the outcomes of different types of flaps in THE SAME defect geometry in order to find out which technique is most suitable. In this study, basically, 4 groups have been created (Stage I - IV disease OR A - EF, PMMF, SFIF, TIMF) side by side. The choice of flap was done before study inclusion (problem of retrospective study) with primary respect to the defect size. Thus, the study is a descriptive compilation of your results. The statistical evaluation of the data presents obvious findings.

Please avoid sentences like this one : " Since the patients in the PMMF and TIMF groups were at more advanced tumor stages compared with the A-EF and SFIF groups, the treatment in the PMMF and TIMF groups was more complicated than in the A-EF and SFIF groups, and the dissections were wider."

In my opinion the PMMF and TIMF groups were created because the SCC patients presented at higher stages. Therefore the resection was more extensive, the dissection was more complicated and THEN the patients were assigned to the PMMF/TIMF group due to the defect geometry. Please change accordingly throughout the manuscript.
What you could do instead is write e.g.: "Patients in the PMMF and TIMF group presented with reduced esthetic/functional results when compared to those in the SFIF group" I hope I made myself clear in this matter.

do NOT correlate the prognosis of the patients to the choice of flaps AT ALL!!! You are mentioning the correct underlying reason: larger tumor = assignment to PMMF/TIMF group = worse prognosis. Please respect!

However, there is a great practical use of this work. I suggest restructuring the work away from a descriptive/clinical study to a surgical manual/advice. Your results show that the PMMF, the SFIF and the TIMF can be used for defects after resection of SCC of stage II and above. I suggest comparing the differences between those groups in more detail. It is clear that the harvesting times for a distant pedicled flap like the PMMF are higher than the time needed for local flaps like the A - EF. (Please eliminate redundant information from the manuscript). At the end of the work clear guidelines should be provided. Some guidelines are already given in the discussion and conclusion. I suggest extending this section by using your well designed case reports and highlighting the pros and cons of your reconstructive approaches.

Level of interest
Please indicate how interesting you found the manuscript:

An article of importance in its field

Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

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None declared

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