Review of: "Low Donor Site Morbidity Supports the Use of Infraumbilical Flaps for Head and Neck Reconstruction: A Retrospective Cohort Study"

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Potential competing interests: No potential competing interests to declare.

The article is globally well written and investigates a not secondary aspect in the choice of microsurgical flaps, that is, the outcomes at the level of the donor area. Lastly, the iconography is absolutely laudable and adequate for the purpose.

I have just a few remarks:

- In Table n#2 pTNM staging is not clear, I guess the "advanced stage" should be defined as any T with any N+ and any T_4, otherwise may be some overlapping with the "early stage" (for example: T_2 N_0)

- In the VRAM flap harvest description, it is indicated that only the upper abdominal muscle belly is taken ("above the arcuate line"), why? To get a longer pedicle? Other reason?

- In the discussion, I guess that the sentences from "The main limitation of the study..." to "...care after surgery" should be postponed at very end of the paragraph.

- In the discussion, I believe the Authors should better clarify/justify the sentence "...without impacting the abdominal wall firmness" due to the need to use of synthetic mesh for preventing a ventral hernia developing.

- In the discussion, the concept expressed in the sentences from “Secondly,.. “to “.. flap failure” requires to be clarified. Which technique must be applied to close the donor site in one side flap harvesting to maintain intact the contralateral infraumbilical flap? The vertical abdominoplasty taking care avoiding the undermine the skin envelope from the underlying rectus muscle belly? Why the preservation of the upper part of abdominal skin may preclude the use of the contralateral flap in case of necessity? A fleur-de-lis abdominoplasty would be feasible? Please add a more comprehensive explanation.

I can only recommend a minor revision to the text and I hope that the article will be widely circulated.