

Review of: "Cleft Lip and Palate Repairs in X, "Sourire de l'Espoir" Humanitarian Missions' Experience: A Retrospective Study of 201 Consecutive Cases"

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Potential competing interests: No potential competing interests to declare.

Dear authors:

Thank you very much for so interesting study. It is so necessary to publish studies like this. You have selected a special and useful point of view.

My suggestions are:

In Socio-demographic, Clinical, and Outcome Parameters

Results were assessed as good when both the surgeon and the patients were satisfied, and no further revision surgery was required. Results were considered poor when a revision surgery was needed or recommended. In patients with secondary CP, results were described as good when there was no significant fistula, and phonation was clear enough to enable a decent standard of living. In patients with CL, good results entailed no conspicuous asymmetry or scarring on the lips. These rating criteria were used in the patients' files by the operating team.

- If you define those categories in Materials and Method, you should make a table showing the number of good/poor, for each type of cleft. Besides, in Objectives, it was included ...describe...*clinical, therapeutic, and outcome aspects*.

In Statistical Analysis it is written:

We used CDC (Centers for Disease Control) Epi Info version 7.1.3.3-2013 and Microsoft Excel 2013 for statistical analysis. We reported continuous variables as numbers and percentages. The Chi-square degree of freedom was provided if necessary. Statistical significance was indicated by a p -value < 0.05 .

- Results are most percentages, and I think that you do not need Epi Info to calculate only percentages. Anyway, you show in Table 2 results with chi square calculation just to show distribution of cleft side (*Anatomic-clinical types and forms of the 148 clefts lip*) I think that that table is not related with Objectives of the study.

Instead of that, and just to improve the work, it could be interesting to see a table for example, with three columns:

Mission order number	Number of surgeries performed	Types of clefts/associated malformations / ages of patients, results (something like this)
1-2		
3-4		
5- 6		
7 onwards		

Although some of this information was put in text, it could be relevant to see it in a table, because **that is the heart of the study!**

- In the same sense, it would be very interesting to see relationships between results in categories (good/poor) regards to missions (experts /local surgeons) or according to different surgical techniques, or ages, type of cleft, etc. Anyway, these relationships were not included in Objectives, it was mentioned only “describe”; however, that point could be presented in subsequent studies.

In Biases and Limitations, it was written:

.....This study did not intend to provide the epidemiological data of CLP in X, even though it regards a representative sample of the population of patients with CLP in X.

- I think that sentence it cannot be mentioned because the sample used is not representative. Also considering what was declared some paragraphs above: *As a registry of malformations does not exist in our country, it is hard to claim that this profile represents the entire patients' population.*