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## REVIEWER'S REPORT

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Date: 29/01/2025

**Title: "Effectiveness of Non-Surgical Management of Congenital Nasolacrimal Duct Obstruction"**

### Recommendation:

- ✓ Accept as it is .....
- Accept after minor revision.....
- Accept after major revision .....
- Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality		✓		
Clarity		✓		
Significance		✓		

Reviewer Name: Dr. S. K. Nath

Date: 30/01/2025

### Reviewer's Comment for Publication.

- ✓ **Scientific Rigor:** High (but lacks a control group)
- ✓ **Clinical Relevance:** Strong (supports early non-surgical intervention)
- ✓ **Methodology & Statistical Analysis:** Well-structured
- ✓ **Clarity & Readability:** Needs improvement (grammatical and structural issues)
- ✓ **Discussion & Conclusion:** Well-supported but could include long-term outcomes

### Suggested Improvements

- **Revise for clarity, grammar, and structure**
- **Include a control group in future studies**
- **Expand discussion on confounding factors (parental compliance, infections, etc.)**
- **Provide long-term follow-up beyond 6 months**
- **Develop standardized training guidelines for clinicians and caregivers**

## Reviewer's Comment / Report

### Strengths of the Paper

1. **Clinically Relevant Topic:** The study addresses an important and common pediatric ophthalmological condition—Congenital Nasolacrimal Duct Obstruction (CNLDO). Provides non-surgical treatment options, which could reduce the need for invasive procedures in infants.

2. **Clear Study Design & Methodology:** Prospective study with a well-defined patient population (100 babies, 108 eyes). Specific inclusion and exclusion criteria ensure validity and reliability of the data. Well-structured follow-up (weekly visits for 6 months) provides comprehensive data.

## REVIEWER'S REPORT

**3. Use of Standardized Diagnostic Methods:** Dye disappearance test (DDT) and lacrimal sac pressure reflux test were used, increasing diagnostic accuracy. Excluded conditions mimicking CNLDO, such as congenital glaucoma and lid abnormalities.

**4. Detailed Statistical Analysis:** Chi-square test ( $p < 0.05$ ) used to compare age groups, ensuring statistical rigor. Success rates are clearly categorized by age groups, allowing for better clinical interpretation.

**5. Significant Clinical Findings:** Overall success rate of hydrostatic sac massage was 80.55%. Highest success rate (88.23%) was in the 6-12 months age group, while effectiveness declined with increasing age. Results support early intervention rather than waiting for spontaneous resolution.

**6. Well-Structured Discussion & Conclusion:** Compares findings with previous literature, ensuring alignment with existing medical knowledge. Suggests further studies with nasal endoscopy and control groups for more robust validation.

### Areas for Improvement

**1. Language & Grammar Issues:** The paper contains grammatical errors and awkward phrasing, which affect readability. Example:

*“Knowing that about 88% the CNLDO cases in infants below 2 years of age will resolve within 6 months with non-surgical management is an important component in decision making for clinicians to plan early or deferred surgical management and help parents more effectively to discuss treatment options.”*

• **Suggested Revision:**

*“Understanding that approximately 88% of CNLDO cases in infants under 2 years resolve within 6 months with non-surgical management is crucial for clinicians when deciding between early or delayed surgical intervention. This knowledge also aids in counseling parents about treatment options.”*

**2. Lack of a Control Group:** The study does not compare hydrostatic sac massage to natural resolution without intervention. A randomized control trial (RCT) would strengthen the findings.

**3. No Long-Term Follow-Up Beyond 6 Months:** Recurrence rates beyond 6 months are not studied. Future studies should include 12-month or 24-month follow-ups.

**4. Limited Discussion on Potential Confounders:** Parental compliance with massage technique may have varied, affecting results. Presence of secondary infections (e.g., bacterial conjunctivitis) may have influenced healing. These factors should be acknowledged in the limitations section.

**5. Recommendation Section Needs Expansion:** The study suggests training clinicians and caregivers, but does not propose a structured training protocol. Including guidelines for standardized training (e.g., video demonstrations, caregiver workshops) would enhance the practical impact of the study.