

Review Form 1.6

Journal Name:	Asian Journal of Case Reports in Surgery
Manuscript Number:	Ms_AJCRS_81423
Title of the Manuscript:	UNUSUAL PRESENTATION OF TICK IN THE EAR CAUSING VESTIBULOCOCHLEAR NERVE INVOLVEMENT: A CASE REPORT
Type of the Article	Case study

General guideline for Peer Review process:

This journal’s peer review policy states that **NO** manuscript should be rejected only on the basis of ‘**lack of Novelty**’, provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer’s comment	Author’s comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<p>The authors have presented a case reporting with symptoms of sudden hearing loss and spinning sensation post a visit to a farm. The authors have observed ticks in the ear canal and tympanic membrane.</p> <p>The authors have stated involvement of vestibular nerve but have not mentioned administration of any vestibular tests to confirm it. What tests have author used to confirm vestibular nerve involvement? The manuscript in present form is purely speculative. Symptoms of spinning sensation and nausea may not necessarily be of vestibular origin.</p> <p>What could be the possible pathophysiology of sudden sensorineural hearing loss. Needs and explanation. Do the authors administer diagnostic tests to rule out middle ear involvement? Tympanometry? The middle ear reflex might give a good estimate of involvement of facial nerve? This needs to be elaborated in the present manuscript. If ticks are present in the ear canal and on the tympanic membrane, why did the patient not have any air-bone gap on audiometry.</p>	<p>There have been report of dizziness with facial nerve palsy in tick manifestations where they postulate that toxins or secondary edema had affected the vestibule-cochlear nerve as the same way it affects the facial nerve in previous reports (Retinasekaran S et al). However, in our case, no vestibular test was performed as the patient symptom of spinning sensation has resolved 2 days prior to first visit to our clinic.</p> <p>The result of tympanometry was Bilateral type A. No stapedial reflex was performed in our case.</p> <p>The hearing test Pure tone audiometry and tympanometry was performed after removal of ticks. In intra-aural tick resulting in sensorineural hearing loss may be related to neurotoxins release into the middle ear cavity to the inner ear via the round window, leading to an obstruction in the cochlea. (Kutuk SG)</p>
Minor REVISION comments	<p>How would ticks casue sensorineural hearing loss if the ticks have not gone in the middle ear??</p> <p>Could the authors explain possible pathophysiology</p>	<p>The ticks adhered to the tympanic membrane. In intra-aural tick resulting in sensorineural hearing loss may be related to neurotoxins release into the middle ear cavity to the inner ear via the round window, leading to an obstruction in the cochlea. (Kutuk SG)</p>
Optional/General comments		

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PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	(If yes, Kindly please write down the ethical issues here in details)	