OPEN PEER REVIEW

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Peer Review Report for "Demonstration of Cephaloceles in Patients with Rhinorrhea: Single Center Experience of Intrathecal Gadolinium Enhanced MR Cisternography"

Author(s): Hakan Cebeci, Cem Bilgin, Selman Candan, Selcuk Yilmazlar, Bahattin Hakyemez

Review Timeline:

Submit Date: 25 Mar 2019
Revised Date: 27 Nov 2019
Accepted Date: 5 Feb 2020

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0) — 29 May 2019

Dear AE,
The article is interesting. In spite of retrospective study and low sample volume, It can be educational and introducing
Intrathecal Gadolinium Enhanced MR Cisternography more.
But it needs some revisions:
1) Please describe more about the Intrathecal injection.
2) Attach some images with small meningoceles with watery nasal discharges.
3) English writings need some revision.
with best regards

REFEREE: Reviewer | **Revision** (0) — 1 Jun 2019

Dear AE,
1- The authors mentioned: “……having positive Gd-MR cisternography findings…..”. what is

the positive findings in Gd-MR cisternography?
2- In addition, the authors mentioned: “A total of 21 patients that were detected CSF extravasation from subarachnoid space to paranasal sinuses or nasal cavity were included” does it mean the patients with CSF extravasation from subarachnoid space to paranasal sinuses that were detected in MRI were enrolled?
3- It seems the authors have enrolled only patients with positive finding in MRI cisternography. We don’t know how many patients with rhinorrhea did not show any finding in MRI cisternography in teh study period. This is important because if the majority of patients are negative in MRI, then we can not rely on MRI as a good imaging of these patients while if the MRI is positive in most of the patients, it could be considered as a sensitive method. So the authors should mention how many patients underwent MRI cisternography in the study time period and how many were positive among these patients. in fact, they should report their negative MRI cisternographies in teh study period time.
4- Please check all text for typographical errors such as sfenoid.
5- Please add some required detail of intrathecal injection technique such as injection site.
6- Was the location of CSF leakage in MRI compatible with bone defect in CT in all patients? Please add the data in paper for the mentioned patients.
7- How many patients showed bone defects in CT while they did not show any positive findings in MRI?
8- Did the authors encounter patients that showed suspicious findings in CT regarding the meningocele while they were negative in MRI in this regard?
Thanks.

REFEREE: Reviewer | **Revision** (0) 12 Jul 2019

Dear AE,
Comments for the authors:
- This article suffers from a major deficit in method and material: In patients with a leakage work up Before intrathecal Gd administration for CE-MRC, precontrast T1-weighted images are necessary for comparison and correct diagnosis.
- There are numerous articles about NCE-MRC and CE-MRC in conjunction with HRCT results. There is nothing new and informative for radiologist in this study.
Thanks.

REFEREE: Associate Editor | **Revision** (0) 29 Jul 2019

Dear EIC,
This article needs review according to peer reviewer's comments.
Thanks.

REFEREE: EIC | **Revision** (0) 29 Jul 2019

Dear Author,
The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.
Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Reviewers' Comments:

Reviewer 1:

1-the authors mentioned: "……having positive Gd-MR cisternography findings…..". what is the positive findings in Gd-MR cisternography?

'Gadolinium leakage from subarachnoid spaces to paranasal sinuses was accepted as the positive finding for rhinorrhea', added to material and method section.

2-in addition, the authors mentioned: "A total of 21 patients that were detected CSF extravasation from subarachnoid space to paranasal sinuses or nasal cavity were included" does it mean the patients with CSF extravasation from subarachnoid space to paranasal sinuses that were detected in MRI were enrolled?

Yes, the patients with CSF extravasation from subarachnoid space to paranasal sinuses that were detected in MRI were enrolled.

3-it seems the authors have enrolled only patients with positive finding in MRI cisternography. We don't know how many patients with rhinorrhea did not show any finding in MRI cisternography in teh study period. This is important because if the majority of patients are negative in MRI, then we can not rely on MRI as a good imaging of these patients while if the MRI is positive in most of the patients, it could be considered as a sensitive method. So the authors should mention how many patients underwent MRI cisternography in the study time period and how many were positive among these patients. in fact, they should report their negative MRI cisternographies in teh study period time.

'Twenty five patients underwent Gd-MR cisternography in the study period, and 4 patients with suspected rhinorrhea had normal Gd-MR cisternographyvfindings' this sentence added to material method section.

4-please check all text for typographical errors such as sfenoid.

All text was checked for typographical errors.

5-please add some required detail of intrathecal injection technique such as injection site.

Injection site and some other detail of intrathecal injection was added to method section.

6-was the location of CSF leakage in MRI compatible with bone defect in CT in all patients? Please add the data in paper for the mentioned patients.

16 patients had the CT examinations and there were bone defect in 12 of 16 patients. In all bone defects, the defect site and CSF leakage site were compatible. This was mentioned in results section.

7-how many patients showed bone defects in CT while they did not show any positive finding in MRI?

Two patients showed bone defects while they did not show any positive finding in MRI. This was mentioned in results section.

8-did the authors encounter patients that showed suspicious findings in CT regarding the meningocele while they were negative in MRI in this regard?

Yes, in two patients, CT imaging showed suspicious findings regarding meningocele while MRI were negative. This was mentioned in results section.

Reviewer 2:
-This article suffers from a major deficit in method and material: In patients with a leakage work up Before intrathecal Gd administration for CE-MRC, precontrast T1-weighted images are necessary for comparison and correct diagnosis.

The reviewer is quiet right in this issue. But the neuroradiologist who evaluates the MR cisternography images is very experienced one and in general we did not need pre-contrast image for CSF leak. If a suspicion occurs we perform late imaging in these patients. There also few studies in the literature about intrathecal enhanced MR cisternographies that do not use pre-contrast images (Selçuk et al, AJNR Am J Neuroradiol 31:71–75, Ragheb AS et al., The Egyptian Journal of Radiology and Nuclear Medicine (2014) 45, 841–847).

-There are numerous articles about NCE-MRC and CE-MRC in conjunction with HRCT results. There is nothing new and informative for radiologist in this study.

The reviewer is quiet right in this issue. The difference of this article from others, we used gadoterate meglumine intrathecally. And also, imaging protocol in this study included 3D-T1 and 3D-Flair images. Usage of 3D-Flair sequence in MR-cisternography is not clear yet.

Reviewer 3:
Dear associated editor

The article is interesting. In spite of retrospective study and low sample volume , It can be educational and introducing
Intrathecal Gadolinium Enhanced MR Cisternography more.
But it needs some revisions:

1) Please describe more about the Intrathecal injection.

More detail were described about intrathecal injection.
2)Attach some images with small meningoceles with watery nasal discharges.

Images of a small meningocele was added .

3) English writings need some revision.

English writings revised again.

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Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) — 2 Sep 2019

Dear AE,
The study is reviewed carefully. According to comments and revisions by the author, this manuscript is accepted.
Thanks

REFEREE: Reviewer | **Revision** (1) — 30 Oct 2019

Dear AE,
Following a review of the article, major problems were relatively solved but the authors should mention that the lack of pre-contrast images is a problem in this article in spite of experience.
On the other hand, please the authors mark the first and second images' pathology with arrows.
With best regards

REFEREE: Associate Editor | **Revision** (1) — 27 Nov 2019

Dear EIC,
The manuscript is studied, and there are some comments which should be addressed by the author. According to the comments, the document needs major revision.
Kind regards,

Kavous Firouznia: EIC | **Revision** (1) — 27 Nov 2019

Dear authors,
Your article needs revision.
Regards

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Dear Editor,

Needed revisions were made one by one according to reviewers' comments as stated below,

Reviewers' Comments:

Reviewer 1:

1. Follow review the article , major problems were relatively solved but the authors should mention that the lack of pre contrast images is a problem in this article inspite of experience.

'Third, MRI protocol in this study did not include precontrast images' sentence was added to limitations in Discussion section.

2. On the other hand , please mark the first and second images pathology by arrows.

Pathologies were marked by arrows in first and second images.

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Revision (2)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

Leila Aghaghazvini: Reviewer | **Revision** (2) — 15 Jan 2020

Dear AE,
The article was reviewed and the previous errors have been solved. If there are not any other problems, the article could be accepted.
With best regards

Hassan Hashemi: Associate Editor | **Revision** (2) — 18 Jan 2020

Dear EIC,
This article is suitable for IJR and is accepted.
Thanks

Mehranoosh Dolatshahi: Associate Editor | **Revision** (2) — 4 Feb 2020

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards.

Kavous Firouznia: EIC | **Revision** (2) — 5 Feb 2020

Dear authors,
Your article is acceptable for publication in IJR.
Thanks.
Regards