OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

Journal of Skin and Stem Cell
Article DOI: 10.5812/jssc.106099
Published in: Journal of Skin and Stem Cell: 8(2); e106099

Peer Review Report for "Suction Pearl: Standardization of the Suction Heights of Suction Syringes"

Author(s): Muhammed Mukhtar

Review Timeline:

Submit Date: 6 Jun 2020
Revised Date: 23 Jun 2021
Accepted Date: 23 Aug 2021

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) 11 Feb 2021

Dear AE,
The idea of creating a suction blister is good. it can definitely qualify for a surgical pearl or a letter to the editor. But it needs to be written properly as the manuscript was written by the author has a lot of grammatical mistakes.
Changes have been made by me in the text file with track changes ON and comments have been added at appropriate places.
Also, reference citations should be rectified. Use journal standards (Vancouver method) to cite the references in the bibliography.
Thanks.

REFEREE: Associate Editor | **Revision** (0) 27 Feb 2021

Dear EIC,
The manuscript needs revision. The authors may revise the manuscript based on reviewers' comments.
Thanks.

REFEREE: EIC | **Revision** (**0**) 3 Mar 2021

Dear Authors,

A major revision is needed.

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.

To

The Reviewer

JSSRC

Dear Madam/Sir

I am pleased to resubmit the revised manuscript, as per comments of the reviewer and the associate editor, entitled "Suction pearl: Standardization of suction heights of suction syringe" in the section of "letter to the editor" for publication in your esteemed journal. The article mentions a novel and innovative method to determine the minimum and effective suction heights of a suction syringe for getting intact and complete suction blister.

This manuscript is entirely an original work of mine and has not been submitted anywhere as an author, take responsibility for the contents of the manuscript. All figures in this article are original. Author is aware of the journal's conflict of interest policy, and I am aware that this manuscript is being submitted to the journal. Author declares that I have no specific conflict of interest to declare.

Yours sincerely

Corresponding author

16 March, 2021

Dear Sir

I tried to reply the queries raised and suggestion given by you on this manuscript

There are 16 queries as given below

Reviewers' Comments:

Reviewer 1:
The idea of creating a suction blister is good. It can definitely qualify for a surgical pearl or a letter to editor. But it needs to be written properly as the manuscript written by the author has lot of grammatical mistakes.
Changes have been made by me in the text file with track changes ON and comments have been added at appropriate places.
Also, reference citation should be rectified. Use journal standards (Vancouver method) to cite the references in bibliography

Associate Editor's Comments:

Associate Editor 1:
The manuscript needs revision. Please revise the manuscript based on reviewer's comments.

EIC Decision:

Major revision is needed

Q1.epidermal grafts, as well as for treating vitiligo with better

Ans- yes sir, it is better to mention the type and stability of vitiligo lesions which are going to be treated surgically. It is for treating localized stable vitiligo.

Page1 and line-7

as for treating localized stable vitiligo with better cosmetic acceptability

---

Q2.Moreover, the failure and incomplete blister formation with the cannula-syringe device are in about 20 to 30 % of the suction sites respectively

Ans- thanks sir, I wanted to say that the 3way cannula-syringe device is not able to produce blister is about in 20 to 30 percent of the operated suction site, and in about 20 to 30 percent of the blisters are incomplete as in form of multiple vesicles, not unilocular large blister/bulla which is not with so high with modified syringe device

page.1. Lines-9-11...

Moreover, the failure of this device to produce suction blister is about 20 to 30 % of suction site, and incidence of incomplete blister production is in about 20 to 30 % of the suction sites

---

Q3.implantations over the site. Thus, the suction with the 3 way cannula-

Ans - yes it is incorrect word. This word should be injection, not implantation, of normal saline/ local anaesthetic agents over the site but it should be away from the suction site

Page-1, lines 14-16

------ The success rate is improved by application of heat and intralesional injection of normal saline and local anesthetic agents over the donor site .

Q4. syringe is a time consuming device. On the other hand, a modified

Ans- the general disposable syringe was modified into a suction syringe by cutting the distal end of syringe barrel proximal to its needle hub and creating an opening in the shaft of the piston at desired/required level

---

with help of a heated 16G needle. Subsequently, the piston is inserted through the cut end of the barrel, and it is used as suction device.
Page-1, lines 14-16

(after cutting the barrel at proximal to the needle hub end and making a hole in the piston as required level to insert a metal rod/needle for sustaining suction process)

Q5. Produces blisters in approximately 30 minutes? to one hour at 6.5cm
Ans – Yes Sir, It produces blisters in approximately 30 minutes to one hour if suction height was kept at 6.5 cm it is reported . 6.5 cm is height of suction column of the device , not of the device or barrel length of the device, at which level an opening is made in the piston shaft after pulling the piston in the syringe barrel.

----page-1, lines-18-19
(length/ height of the suction column in the suction syringe)

Q6. of the suction height which was arbitrarily fixed.[4] The syringes is

Ans – yes sir. This should be the syringes are, not the syringes is

Page-1, line-19

----- The syringes are more successful and fast in the suction procedure without

---

Q7.is still not well established. To keep this view and positive experience
Ans: yes sir, the minimum/standard minimum height of syringe suction device is still not documented in the literature.
-----page-2, line -25
its impact on the blister production is still not well documented in the literature

---

Q 8. All syringes are cut and modified them into a suction device. In set A their suction heights are
Ans: the syringes are cut to modify them into syringe suction devices.

Page-2, line-32
All syringes are cut and modified them into suction devices

Q9. openings are made in their pistons with a heated 16G needle. 5(five) mm

Ans- thanks sir, openings are made in their pistons with a heated 16g needle. Opening can be made in the piston even without heating the needle as it is sharp and strong enough to penetrate the piston with safety. On heating, the opening can be enlarged and at times, it may damage the piston if not done properly. So we do it first with nonheated needle. Then for smoothening the hole of the piston, the same needle is heated.
Page-2, line-34
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and openings are made in their pistons with a heated 16G needle. 5mm is added

Page-2, lines-34-36
5mm is added the suction heights of set A syringes to manage the projected part of the piston top in the barrel

Q10. the piston openings till completion .

Ans –sir the piston, it is the piston openings till completion of suction process/1 hour/completion of blister formation.

Page-3, lines-39-40

------ till completion of blister or 1 hour.

Q11. Before the suction procedures, Vaseline is applied around the piston

Ans -Ok sir. I deleted it and write its molecule as liquid paraffin

Page-3, line-41

Before the suction procedures, liquid paraffin or antibiotic ointment

Q12. donor site and the piston is pulled up to the height of the opening in the

Ans – thanks sir for this clarification. Both shins of the leg as donor (suction) sites.
Page-3, line-44
..on shins of leg as donor (suction) sites and the piston is pulled up to the height of the openings in the

---

Q13. Right shin (Fig.1), and of the Set B are applied over left shin (Fig.2). The

Ans- yes sir. I selected the shin because it is flat, smooth and more stable having less underlying tissue on which the suction device is more stable as compared to lateral aspects of the thigh. Yes, there is chance of koebner's phenomenon to get vitiligo lesion. If so, then there is no need to do vitiligo surgery. Suction on this site may also confirm the stability of the vitiligo lesions.
Page-3, lines-47-48
------- shin because it is hard, flat, stable site that gives stability to the device for better and fast suction

---

Q 14. are started to coalesce at 30 to 40 minutes and blisters are formed in 50
Ans -Yes sir. It is 50 minutes.
Page-3, line-51
------ blisters are formed in 50 minutes to an hour at----

Q15. In the syringes of 10 ml and 20 ml of set A at 1.3 mm and 1.5mm suction heights , and the syringe of set B at 1cm(10mm) of suction height, Umbilicated blisters are framed because of piston top contact in the centre point of sucked sites in lager radii syringes.

Ans: Yes sir, it is complex and long sentence. I'm trying to simplify the sentence
---- in Set A , the 10-ml syringe(at suction height 1.3mm), the 20-ml syringe (at suction height 1.5mm) and in Set B, the 10-ml syringe(at suction height 1cm/10mm), Umbilicated suction bullae/blisters are produced due to pressure/ touch of tip of piston top in the centre point of sucked donor skin .

Page-3, lines-53-56-- In Set A, the syringes of 10 ml (at suction height 1.3mm), of 20 ml (at suction height 1.5mm) , and the syringe (10ml) of set B (at suction height 10mm), umbilicated blisters are produced because tip of the piston top touched the centre of sucked donor sites

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.

Q16. The suction height had not significant impact on timing, shape, colour (intrablister haemorhage) and integrity (rupture) of blisters.
Ans –thanks sir, I tried to reframe this sentence. No significant impact of suction heights is observed on the timing (duration), shape (bullae/vesicles), colour (intrablister haemorhage), integrity of blister (rupture of blister)
Page-3, lines 57-60
---- The suction height of the syringe device has insignificant impact on the suction process in context of timing (duration) of blister formation, shape and size of blister, colour (intrablister haemorhage) and integrity (rupture) of blisters
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OPEN PEER REVIEW

Revision (1)

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

Nitika S. Deshmukh: Reviewer | **Revision** (1) 7 Jun 2021

Dear AE,
Very innovative. grammatical mistakes have been rectified but a few sentences still have some mistakes. Comments have been updated in the pdf file.
Thanks.

REFEREE: Associate Editor | **Revision** (1) 12 Jun 2021

Dear EIC,
The manuscript still needs revision. The authors should revise the manuscript based on reviewer comments accuratly.
Thanks.

REFEREE: EIC | **Revision** (1) 12 Jun 2021

Dear Author,
Your article is reviewed by the reviewers carefully. According to their comments, this document needs minor revision. Please follow their comments as requested.
Thanks.

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

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To

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Dear Madam/Sir

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This manuscript is entirely an original work of mine and has not been submitted anywhere as an author, take responsibility for the contents of the manuscript. All figures in this article are original. Author is aware of the journal's conflict of interest policy, and I am aware that this manuscript is being submitted to the journal. Author declares that I have no specific conflict of interest to declare.

Yours sincerely

Corresponding author

June 22, 2021

Dear Sir

I tried to reply the queries raised and suggestion given by you on this manuscript

There are 16 queries as given below

Reviewers' Comments:

Reviewer 1:
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Also, reference citation should be rectified. Use journal standards (Vancouver method) to cite the references in bibliography

Associate Editor's Comments:

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The manuscript needs revision. Please revise the manuscript based on reviewer's comments.

EIC Decision:

Major revision is needed

Q1.epidermal grafts, as well as for treating vitiligo with better

Ans- yes sir, it is better to mention the type and stability of vitiligo lesions which are going to be treated surgically. It is for treating localized stable vitiligo.

Page1 and line-7

as for treating localized and stable vitiligo with better cosmetic acceptability

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Q2.Moreover, the failure and incomplete blister formation with the cannula-syringe device are in about 20 to 30 % of the suction sites respectively

Ans- thanks sir, I wanted to say that the 3way cannula-syringe device is not able to produce blister is about in 20 to 30 percent of the operated suction site, and in about 20 to 30 percent of the blisters are incomplete as in form of multiple vesicles, not unilocular large blister/bulla which is not with so high with modified syringe device

page.1. Lines-8-10...

Moreover, , the failure of this device to produce suction blister and incidence of incomplete blisters at the site is seen in about 20 to 30 % cases.[2, 3] .

Q3.implantations over the site. Thus, the suction with the 3 way cannula-

Ans - yes it is incorrect word. This word should be injection, not implantation, of normal saline/ local anaesthetic agents over the site but it should be away from the suction site

Page-1, lines 10-12

------ , The success rate is improved by application of heat and intralesional injection of normal saline and local anesthetic agents over the donor site .

Q4. syringe is a time consuming device. On the other hand, a modified

Ans- the general disposable syringe was modified into a suction syringe by cutting the distal end of syringe barrel proximal to its needle hub and creating an opening in the shaft of the piston at desired/required level

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with help of a heated 16G needle. Subsequently, the piston is inserted through the cut end of the barrel, and it is used as suction device.
Page-1, lines 15-17

. after cutting the barrel transversely with a heated surgical blade proximal to the needle hub end and making a hole in the piston to insert a metal rod/needle for sustaining suction process.

Q5. Produces blisters in approximately 30 minutes? to one hour at 6.5cm
Ans – Yes Sir, It produces blisters in approximately 30 minutes to one hour if suction height was kept at 6.5 cm it is reported . 6.5 cm is height of suction column of the device , not of the device or barrel length of the device, at which level an opening is made in the piston shaft after pulling the piston in the syringe barrel.

----page-1, lines-13-14

applied directly onto the donor area of skin produces blisters in approximately 30 minutes to one hour at 6.5cm (length/ height of the suction column in the suction syringe

---

Q6. of the suction height which was arbitrarily fixed. [4] The syringes is

Ans – yes sir. This should be the syringes are, not the syringes is

Page-1, line-17

----- These modified syringes are faster and more successful in the suction procedure

---

Q7.is still not well established. To keep this view and positive experience
Ans: yes sir, the minimum/standard minimum height of syringe suction device is still not documented in the literature.
-----page-1-2, line -22-23
its impact on the blister production is still not well documented in the literature

---

Q 8. All syringes are cut and modified them into a suction device. In set A their suction heights are
Ans: the syringes are cut to modify them into syringe suction devices.

Page-2, line-28-29
All syringes are cut and modified into suction devices

Q9. openings are made in their pistons with a heated 16G needle. 5(five) mm

Ans- thanks sir, openings are made in their pistons with a heated 16g needle. Opening can be made in the piston even without heating the needle as it is sharp and strong enough to penetrate the piston with safety. On heating, the opening can be enlarged and at times, it may damage the piston if not done properly. So we do it first with nonheated needle. Then for smoothening the hole of the piston, the same needle is heated.

Page-2, line-30

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and openings are made in their pistons with a heated 16G needle. 5mm is added

Page-2, lines-31-32

5 mm is added to the suction heights of set A syringes to manage the projected part of the piston top in the barrel

---

Q10. the piston openings till completion .

Ans –sir the piston, it is the piston openings till completion of suction process/1 hour/completion of blister formation.

Page-2, lines-36

------ completion of blister or for 1 hour(Fig.1a-d).

Q11. Before the suction procedures, Vaseline is applied around the piston

Ans -Ok sir. I deleted it and write its molecule as liquid paraffin

Page-3, line-41

Before the suction procedures, liquid paraffin or antibiotic ointment

---

Q12. donor site and the piston is pulled up to the height of the opening in the
Ans – thanks sir for this clarification. Both shins of the leg as donor (suction) sites.
Page-2, line-38
.. donor site on shins of leg and the piston is pulled up to the height of the openings in the

---

Q13. Right shin (Fig.1), and of the Set B are applied over left shin (Fig.2). The

Ans- yes sir. I selected the shin because it is flat, smooth and more stable having less underlying tissue on which the suction device is more stable as compared to lateral aspects of the thigh. Yes, there is chance of koebner's phenomenon to get vitiligo lesion. If so, then there is no need to do vitiligo surgery. Suction on this site may also confirm the stability of the vitiligo lesions.
Page-2, lines-41-42
------- shin because it is hard, flat, stable site that gives stability to the device for better and fast suction

---

Q 14. are started to coalesce at 30 to 40 minutes and blisters are formed in 50
Ans -Yes sir. It is 50 to 60 minutes.
Page-3, line-45
------ blisters are formed in 50 to 60 minutes at----

Q15. In the syringes of 10 ml and 20 ml of set A at 1.3 mm and 1.5mm suction heights , and the syringe of set B at 1cm(10mm) of suction height, Umbilicated blisters are framed because of piston top contact in the centre point of sucked sites in lager radii syringes.

Ans: Yes sir, it is complex and long sentence. I'm trying to simplify the sentence
---- in Set A , the 10-ml syringe(at suction height 1.3mm), the 20-ml syringe (at suction height 1.5mm) and in Set B, the 10-ml syringe(at suction height 1cm/10mm), Umbilicated suction bullae/blisters are produced due to pressure/ touch of tip of piston top in the centre point of sucked donor skin .

Page-3, lines-46-49—
In Set A, the syringes of 10 ml (at suction height 1.3mm), of 20 ml (at suction height 1.5mm) (Table I), and the syringe (10ml) of set B (at suction height 10mm)(Table II), umbilicated blisters are produced because projected tip of the piston top touched the centre of sucked donor sites

---

.

Q16. The suction height had not significant impact on timing, shape, colour (intrablister haemorhage) and integrity (rupture) of blisters.
Ans –thanks sir, I tried to reframe this sentence. No significant impact of suction heights, if suction column of syringe is more than radius and less than its diameter, is observed on the timing (duration), shape (bullae/vesicles), colour (intrablister haemorhage), integrity of blister (rupture of blister)
Page-3, lines 50-53
---- The suction height (column if more than its radius and less than its diameter) of the syringe device has no significant impact on the suction process in context of - timing (duration) of blister formation, shape and size of blister, colour (intrablister haemorhage) and integrity (rupture) of blisters.

OPEN PEER REVIEW

Revision (2)

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

REFEREE: Associate Editor | **Revision** (2) 23 Aug 2021

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

REFEREE: EIC | **Revision** (2) 23 Aug 2021

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.