



SDI Review Form 1.6

Journal Name:	Journal of Advances in Medicine and Medical Research
Manuscript Number:	Ms_JAMMR_50665
Title of the Manuscript:	HEMIFACIAL MICROSOMIA : A MINI REVIEW
Type of the Article	Minireview Article

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:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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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>Check lines 37-39; suggestions:</p> <p>1-However the diagnostic criteria of Goldenhar syndrome remain unclear, thereby making clinical use of the term inconsequential and it was over diagnosed subjectively in patients who show more severe HFM features..</p> <p>2-However the diagnostic criteria of Goldenhar syndrome remain unclear, thereby making clinical use of the said term inconsequential and it was over diagnosed subjectively in patients who show more severe HFM features.</p> <p>Verify throughout the text: If they are references, enter the number and check its presence in the list</p> <p>REFERENCES Unify the magazine presentation: number (volume): pages</p>	<p>HFM is defective formation of first and second branchial arches during development of face hence the nomenclature- first and second arch syndrome. Goldenhar first described the triad of epibulbar dermoids or choristomas, preauricular skin appendages, and pretragal blind-ending fistulas in association with mandibular facial dysplasia.⁷ However the diagnostic criteria of Goldenhar syndrome remain unclear, so this term is not used now a days.⁸ Later patients with associated vertebral anomalies were given the classification of Oculoauriculovertebral dysplasia (OAV) dysplasia.⁹ When the features of the OAV complex are predominantly unilateral and lack vertebral anomalies and epibulbar dermoids, the condition has been called Hemifacial microsomia (HFM). This pattern is thought to represent a variant of the expanded OAV complex. Cohen MM Jr, Rollnick BR, Kaye CL. Oculoauriculovertebral spectrum: an updated critique. Cleft Palate J 1989;26:276-86. There is increasing evidence that hemifacial microsomia (HFM), Goldenhar syndrome (GS), and oculoauriculovertebral dysplasia (OAV) are part of a spectrum within a single entity. Frequency of cervical spine malformations in HFM and microsomia was greater than values for a normal population and this further supports the probable association between HFM, GS, and OAV.¹⁰</p> <hr/> <p>The editing has been done , and extra part cut from the main paragraph</p> <p>8. Tuin, Jorien MD ; Tahiri, Youssef MD, MSc[†]; Paliga, James T. MD ; Taylor, Jesse A. MD ; Bartlett, Scott P. Distinguishing Goldenhar Syndrome from Craniofacial Microsomia. Journal of Craniofacial Surgery; September 2015 - Volume 26 - Issue 6 - p 1887-1892.</p> <p>9. Gorlin RJ, Jue KL, Jacobsen U, et al. Oculoauriculovertebral dysplasia. J Pediatr 1963;63:991-99.</p> <hr/> <p>The reference number have been changed .</p> <p>A revised article is attached for your kind consideration.</p>
Minor REVISION comments		
Optional/General comments		

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)	No ethical issues, since it is a review article