

The Journal of International Advanced JIAO Otology



David Andrew Moffat (1947-2020)

Jacob Sade (1925-2020)

In Memoriam: Two Eminent Otologists

Vol.16 • Issue 1 • April 2020

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The Journal of International Advanced Otology
(J Int Adv Otol)

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ISSN 1308-7649
E ISSN 2148-3817

Founded by MSOA



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The Journal of International Advanced Otology

Aims and Scope

The Journal of International Advanced Otology (J Int Adv Otol) is an international, peer reviewed, open access publication that is fully sponsored and owned by the European Academy of Otology and Neurotology and the Politzer Society. The journal is published triannually in April, August, and December and its publication language is English.

The scope of the Journal is limited with otology, neurotology, audiology (excluding linguistics) and skull base medicine.

The Journal of International Advanced Otology aims to publish manuscripts at the highest clinical and scientific level. J Int Adv Otol publishes original articles in the form of clinical and basic research, review articles, short reports and a limited number of case reports. Controversial patient discussions, communications on emerging technology, and historical issues will also be considered for publication.

Target audience of J Int Adv Otol includes physicians and academics who work in the fields of otology, neurotology, audiology and skull base medicine.

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Committee of Medical Journal Editors (ICMJE), World Association of Medical Editors (WAME), Council of Science Editors (CSE), Committee on Publication Ethics (COPE), European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal is in conformity with the Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

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The journal is printed on an acid-free paper.



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Editorial Comments: Editorial comments aim to provide a brief critical commentary by reviewers with expertise or with high reputation in the topic of the research article published in the journal. Authors are selected and invited by the journal to provide such comments. Abstract, Keywords, and Tables, Figures, Images, and other media are not included.

Review Articles: Reviews prepared by authors who have extensive knowledge on a particular field and whose scientific background has been translated into a high volume of publications with a high citation potential are welcomed. These authors may even be invited by the journal. Reviews should describe, discuss, and evaluate the current level of knowledge of a topic in clinical practice and should guide future studies. The main text should contain Introduction, Clinical and Research Consequences, and Conclusion sections. Please check Table 1 for the limitations for Review Articles.

Case Reports: There is limited space for case reports in the journal and reports on rare cases or conditions that constitute challenges in diagnosis and treatment, those offering new therapies or revealing knowledge not included in the literature, and interesting and educative case reports are accepted for publication. The text should include Introduction, Case Presentation, Discussion, and Conclusion subheadings. Please check Table 1 for the limitations for Case Reports.

Letters to the Editor: This type of manuscript discusses important parts, overlooked aspects, or lacking parts of a previously published article. Articles on subjects within the scope of the journal that might attract the readers' attention, particularly educative cases, may

also be submitted in the form of a "Letter to the Editor." Readers can also present their comments on the published manuscripts in the form of a "Letter to the Editor." Abstract, Keywords, and Tables, Figures, Images, and other media should not be included. The text should be unstructured. The manuscript that is being commented on must be properly cited within this manuscript.

Table 1. Limitations for each manuscript type

| Type of manuscript | Word limit | Abstract word limit | Reference limit | Table limit | Figure limit |
|----------------------|------------|---------------------|-----------------|-------------|--------------------------|
| Original Article | 3000 | 250 (Structured) | 35 | 6 | 7 or total of 15 images |
| Review Article | 5000 | 250 | 50 | 6 | 10 or total of 20 images |
| Case Report | 1200 | 200 | 15 | No tables | 10 or total of 20 images |
| Letter to the Editor | 500 | No abstract | 5 | No tables | No media |

Tables

Tables should be included in the main document, presented after the reference list, and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the tables by footnotes (even if they are defined within the main text). Tables should be created using the "insert table" command of the word processing software and they should be arranged clearly to provide easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

Figures and Figure Legends

Figures, graphics, and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labeled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, and similar marks can be used on the images to support figure legends. Like the rest of the submission, the figures too should be blind. Any information within the images that may indicate an individual or institution should be blinded. The minimum resolution of each submitted figure should be 300 DPI. To prevent delays in the evaluation process, all submitted figures should be clear in resolution and large in size (minimum dimensions: 100 × 100 mm). Figure legends should be listed at the end of the main document.

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parentheses following the definition.

When a drug, product, hardware, or software program is mentioned within the main text, product information, including the name of the product, the producer of the product, and city and the country of the company (including the state if in USA), should be provided in parentheses in the following format: "Discovery St PET/CT scanner (General Electric, Milwaukee, WI, USA)"

All references, tables, and figures should be referred to within the main text, and they should be numbered consecutively in the order they are referred to within the main text.

Limitations, drawbacks, and the shortcomings of original articles should be mentioned in the Discussion section before the conclusion paragraph.

References

Both in-text citations and the references must be prepared according to the Vancouver style. While citing publications, preference should be given to the latest, most up-to-date publications. Authors are responsible for the accuracy of references. Journal titles should

be abbreviated in accordance with the journal abbreviations in Index Medicus/ MEDLINE/PubMed. If an ahead-of-print publication is cited, the DOI number should be provided. When there are six or fewer authors, all authors should be listed. If there are seven or more authors, the first six authors should be listed followed by "et al." In the main text of the manuscript, references should be cited using Arabic numbers in square brackets superscripts. The reference styles for different types of publications are presented in the following examples.

Journal Article: Rankovic A, Rancic N, Jovanovic M, Ivanović M, Gajović O, Lazić Z, et al. Impact of imaging diagnostics on the budget – Are we spending too much? *Vojnosanit Pregl* 2013; 70: 709-11.

Book Section: Suh KN, Keystone JS. Malaria and babesiosis. Gorbach SL, Barlett JG, Blacklow NR, editors. *Infectious Diseases*. Philadelphia: Lippincott Williams; 2004.p.2290-308.

Books with a Single Author: Sweetman SC. *Martindale the Complete Drug Reference*. 34th ed. London: Pharmaceutical Press; 2005.

Editor(s) as Author: Huizing EH, de Groot JAM, editors. *Functional reconstructive nasal surgery*. Stuttgart-New York: Thieme; 2003.

Conference Proceedings: Bengisson S. Sothemin BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. *MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics*; 1992 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. pp.1561-5.

Scientific or Technical Report: Cusick M, Chew EY, Hoogwerf B, Agrón E, Wu L, Lindley A, et al. Early Treatment Diabetic Retinopathy Study Research Group. Risk factors for renal replacement therapy in the Early Treatment Diabetic Retinopathy Study (ETDRS), Early Treatment Diabetic Retinopathy Study *Kidney Int*: 2004. Report No: 26.

Thesis: Yılmaz B. Ankara Üniversitesindeki Öğrencilerin Beslenme Durumları, Fiziksel Aktiviteleri ve Beden Kitle İndeksleri Kan Lipidleri Arasındaki İlişkiler. H.Ü. Sağlık Bilimleri Enstitüsü, Doktora Tezi. 2007.

Manuscripts Accepted for Publication, Not Published Yet: Slots J. The microflora of black stain on human primary teeth. *Scand J Dent Res*. 1974.

Epub Ahead of Print Articles: Cai L, Yeh BM, Westphalen AC, Roberts JP, Wang ZJ. Adult living donor liver imaging. *Diagn Interv Radiol*. 2016 Feb 24. doi: 10.5152/dir.2016.15323. [Epub ahead of print].

Manuscripts Published in Electronic Format: Morse SS. Factors in the emergence of infectious diseases. *Emerg Infect Dis* (serial online) 1995 Jan-Mar (cited 1996 June 5): 1(1): (24 screens). Available from: URL: [http:// www.cdc.gov/ncidod/EID/cid.htm](http://www.cdc.gov/ncidod/EID/cid.htm).

REVISIONS

When submitting a revised version of a paper, the author must submit a detailed "Response to the reviewers" that states point by point how each issue raised by the reviewers has been covered and where it can be found (each reviewer's comment, followed by the author's reply and line numbers where the changes have been made) as well as an annotated copy of the main document. Revised manuscripts must be submitted within 30 days from the date of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option may be canceled. If the submitting author(s) believe that additional time is required, they should request this extension before the initial 30-day period is over.

Accepted manuscripts are copy-edited for grammar, punctuation, and format. Once the publication process of a manuscript is completed, it is published online on the journal's webpage as an ahead-of-print publication before it is included in its scheduled issue. A PDF proof of the accepted manuscript is sent to the corresponding author and their publication approval is requested within 2 days of their receipt of the proof.

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How Much Covid-19 Will Change the World

The world is experiencing extraordinary days since December 2019. COVID-19 virus ignited in Wuhan (China) aggressively took over all continents. Currently, the otologic manifestations of the virus are not yet known. Still, the precautions come with the use of steroids as it is the primary treatment modality in many otologic conditions.

In an effort to reduce exposure to the virus, most of us are now only partly involved with the clinical work in our hospitals, and the downtime can be an opportunity to catch-up on the recent publications. Additionally, as the time available to complete scientific studies and make them ready for publication increases due to the pandemic, journals may see a rise in submission numbers.

While every measure is being taken against the pandemic, discussions began on the kind of changes the world can expect to see in the aftermath. These extraordinary times once more validated our need for equal, fast, and easy access to scientific information. Easy online access to recent studies on COVID-19 has created great awareness on the pandemic very quickly, and the dynamics to limit the spread, control the clinical progress, and treatment of the infection have been remarkable even when there have been only a few months since the disease initiated. Currently, more than 1500 articles are listed in PubMed on the topic, and many of them are open access.

Open access publishing will be prominent following the pandemics regarding financial, social, and political impacts. We will be able to assess its importance better once this is over. I also think easy online access will only speed up the decline of print publication going forward.

Stay healthy,

Nuri Özgirgin
Editor in Chief