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ESPS Peer-review Report
Name of Journal: World Journal of Otorhinolaryngology
ESPS Manuscript NO: 8743
Title: VEMP
Reviewer code: 00503691
Science editor: Qi, Yuan
Date sent for review: 2014-01-05 12:30
Date reviewed: 2014-01-11 18:33

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[Y] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[Y] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

It may be wise to summarize the abstract as it contain 328 words and better to be 250 words. little spelling mistakes e.g. word patent in the following paragraph. Idiopathic otolithic vertigo Murofushi et al. reported that some patients complained of lateral tiltingsensation in the roll plane, or tilting or translational sensation in the pitch planewithout rotatory vertigo (41,42). Majority of patients with these symptoms had absent or decreased responses of oVEMP and/or cVEMP(Fig.3). Patents with tilting sensation in the roll plane had tendency to show abnormal oVEMP, while patients with tilting or translational sensation in the pitch plane had tendency to show abnormal cVEMP. Murofushi et al. (41,42) proposed “idiopathic otolithic vertigo”as a new clinical entity, because the otolith organs are sensors of linear acceleration and dysfunction of them could result in illusion of linear movement(43). Abnormal VEMP findings may beessential for diagnosis of otolithic vertigo. As a next step, pathophysiology of idiopathicotolithic vertigo should be clarified. Idiopathic otolithic vertigo Murofushi et al. reported that some patients complained of lateral tiltingsensation in the roll plane, or tilting or translational sensation in the pitch planewithout rotatory vertigo (41,42). Majority of patients with these symptoms had absent or decreased responses of oVEMP and/or cVEMP(Fig.3). Patents with tilting sensation in the roll plane had tendency to show abnormal oVEMP, while patients with tilting or translational sensation in the pitch plane had tendency to show abnormal cVEMP. Murofushi et al. (41,42) proposed “idiopathic otolithic vertigo”as a new clinical entity, because the otolith organs are sensors of linear acceleration and dysfunction of them could result in illusion of linear movement(43). Abnormal VEMP findings may beessential for diagnosis of otolithic vertigo. As a next step, pathophysiology of idiopathicotolithic vertigo should be clarified.

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ESPS Peer-review Report
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[ ] Accept
[Y] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[Y] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

This is an informative review presenting the state-of-the-art on the subject of VEMP with clinical relevance. In our opinion, several topics should be addressed in order to further improve the quality of the manuscript. Page 3: please use the term ?responsiveness“ instead of ?responsibility“. Page 4: cVEMP: please mention what is considered to be a “large” interaural asymmetry of p13-n23 amplitudes or “abnormal” response thresholds in quantitative terms. Is there a cutoff air-bone gap of human ears with middle ear problems that makes recording of cVEMP useless? What is the impact of sensorineural hearing losses on cVEMP? oVEMP: please mention what is considered to be a “large” interaural asymmetry of N1-P1 amplitudes, prolonged peak latencies or “abnormal” response thresholds in quantitative terms. What is the impact of sensorineural hearing losses on oVEMP? Page 5 : Pathways of VEMP: a schematic diagram (as a figure) showing the respective sensorineural neural pathways reported in the manuscript would considerably add to the educational value of the manuscript. Vestibular neuritis: please provide reference(s) supporting the conventional diagnostic criteria of VN Page 6: BPPV: do reported findings on BPPV involve BPPV of the posterior semicircular canal? If yes, please add this information regarding the canal type of BPPV in the manuscript.

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	
[ ] Grade D (Fair)		BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[Y] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS
VEMP, as a developing technology, has a lot of questions needed to be clarify. the paper give us many information about VEMP. I prefer to publish. but there is minor mistake in the abstract. "A prominent feature of VEMP in Meniere's disease is s a---" There should be no "s"