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Paediatric temporal bone fractures: a single centre experience

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Abstract

I read with great interest the article titled "Paediatric Temporal Bone Fractures: A Single Centre Experience" published in your esteemed journal. The study provides valuable insights into the clinical presentation, management and outcomes of temporal bone fractures in the paediatric population – a subject that remains understudied compared with adult cases. While the authors' efforts in compiling retrospective data from a single centre are commendable, the study largely reiterates established knowledge without offering significant new contributions to the literature.

Letters to the Editor

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Dear Editors,

I read with great interest the article titled 'Paediatric temporal bone fractures: a single centre experience' published in your esteemed journal. The study provides valuable insights into the clinical presentation, management and outcomes of temporal bone fractures (TBFs) in the paediatric population – a subject that remains understudied compared with adult cases. While the authors' efforts in compiling retrospective data from a single centre are commendable, the study largely reiterates established knowledge, without offering significant new contributions to the literature.

The study's focus on this rare paediatric condition is certainly valuable, as large-scale studies are scarce. The documentation of clinical presentations alongside radiological findings strengthens its diagnostic relevance; the inclusion of follow-up data, although limited, provides useful information. However, several important limitations need to be acknowledged. The retrospective design introduces potential selection bias, particularly as patients lost to follow-up were excluded, which may have skewed the results towards more severe cases. The relatively small sample size of 88 patients limits the statistical power to properly assess rare complications and the variable follow-up durations make it difficult to evaluate long-term outcomes.

More concerning is the inconsistent reporting of clinical findings. Critical details such as standardised facial nerve grading using the House–Brackmann scale are missing and there is no mention of electroneurography evaluations or the timing of facial nerve paralysis onset – all crucial prognostic factors. The imaging analysis could have been more comprehensive, particularly regarding modern high-resolution CT and MRI evaluations of the ossicular chain and cochlear–vestibular structures. The study also fails to adequately address paediatric-specific challenges, such as the implications of skull elasticity on fracture patterns or the difficulties in assessing symptoms such as hearing loss and vertigo in preverbal children and in audiological evaluation in these patients.[1]

Perhaps most significantly, while the data are presented, there is no rigorous statistical analysis to validate subgroup comparisons such as outcomes based on fracture types. The study misses an important opportunity to translate its findings into practical clinical guidance, as it does not propose any standardised management protocol that could help clinicians better treat these patients. While the work contributes to our understanding of paediatric TBFs, these limitations mean it offers little advancement over existing knowledge in the field.

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1. Algouneh A, Madou E, Gandhi K, Paradis J, Graham ME, Strychowsky J, *et al.* Paediatric temporal bone fractures: a single centre experience. *J Laryngol Otol* 2025;**139**:113–7

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