Angel Ramos de Miguel
Las Palmas University, Las Palmas de Gran Canaria, Spain
Olivier Deguine
University of Toulouse, Toulouse, France
Antonio della Volpe
Santobono Paediatric Hospital, Naples, Italy
Arnaud Deveze
Clinique Clairval, Marseille, France
İrfan Devranoğlu
İstanbul University, İstanbul, Turkey
Aarno Dietz
Kuopio University Hospital, Kuopio, Finland
Norbert Dillier
University Hospital Zürich, Zurich, Switzerland
Neil Donnelly
Spire Cambridge Lea Hospital, Cambridge, UK
John Dornhoffer
UAMS Medical Center Little Rock, USA
Bruce M. Edwards
University of Michigan, Ann Arbor, USA
Antonio Lopez Escamez
Universidad de Granada, Granada, Spain
Jose Fayad
Saudi Aramco, Dhahran, Saudi Arabia
Roberto Filipo
Sapienza University, Rome, Italy
Peter Franz
Rudolfstiftung Teaching Hospital, Vienna, Austria
Bernard Fraysse
University of Toulouse, Toulouse, France
Henning Frenzel
Universitätsklinikum Schleswig-Holstein, Lübeck, Germany
Arun Gadre
Gesirung Medical Center, Danville, PA, USA
Michael Gaihede
Aarhus University, Aarhus, Sweden
Aydan Genç
Department of Audiology Hacettepe University School of Medicine, Ankara, Turkey
Imre Gerlinger
Department of Ear Nose Throat University Pécs, Pécs, Hungary
Mislav Gjuric
SINTEZA Health Center, Zagreb, Croatia
Wilko Grolman
University of Utrecht, Utrecht, Netherlands
Enis Alpin Güneri
Dokuz Eylül University İzmir, Turkey
Jean-Philippe Guyot
University of Geneva, Geneva, Switzerland
Ibrahim Hizalan
Novomet Ear Nose Throat Center, Bursa, Turkey
Margriet A. Huisman
Leiden University, Leiden, The Netherlands
Malou Hultcrantz
University of Karolinska, Stockholm, Sweden
Karl-Bernd Hüttenbrink
University of Köln, Köln, Germany
Yukiko Iino
Jichi Medical University Saitama Medical Center, Saitama, Japan
Armağan İncesulu
Eskişehir Osmangazi University, Eskişehir, Turkey
Adrian James
The Hospital for Sick Children, Ontario, Canada
Herman Jenkins
University of Colorado, Aurora, USA
Daniel Jiang
St Thomas’ Hospital, London, UK
Seiji Kakehata
Yamagata University, Yamagata, Japan
Mohan Kameswaran
Madras Ear Nose Throat Research Foundation, Chennai, India
Daniel Kaplan
Ben Gurion University, Beer Sheva, Israel
Herman Kingma
University of Maastricht, Maastricht, The Netherlands
Tayfun Kirazlı
Ege University, İzmir, Turkey
Mete Kiroğlu
Çukurova University, Adana, Turkey
Hiromi Kojima
Jikei University, Tokyo, Japan
Nazim Korkut
İstanbul University, İstanbul, Turkey
Sergey Kosyakov
Russian Medical Academy for Postgraduate Education, Moscow, Russia
Rudi Kuhweide
A.Z. St.-Jan Brugge A.V., Bruges, Belgium
Roland Laszid
University of Freiburg, Freiburg, Germany
Thomas Lenarz
Medizinische Hochschule Hannover, Hannover, Germany
Thomas Linder
University of Luzern, Luzern, Switzerland
Simon Lloyd
University of Manchester, Manchester, UK
Jacques Magnan
Cause Ear Clinic, Beziers, France
Mans Magnusson
University of Lund, Lund, Sweden
Marco Mandala
University of Siena, Siena, Italy
Manuel Manrique
University of Pamplona, Pamplona, Spain
Salah Mansour
Lebanese University, Beirut, Lebanon
Daniele Marchioni
University of Verona, Verona, Italy
Paul Merkus
VU University Medical Center Amsterdam, Amsterdam, The Netherlands
Hidemi Miyazaki
Kyosai Hospital, Tokyo, Japan
Constantino Morera
University of Valencia, Valencia, Spain
Badr Eldin Mostafa
Ain-Shams University, Cairo, Egypt
Jef Mulder
Radboud University Hospital, Nijmegen, The Netherlands
Marcus Neudert
Technische Universität Dresden, Dresden, Germany
Thomas Nikolopoulos
University of Athens, Athens, Greece
Daniel Nuti
Università degli Studi di Siena, Siena, Italy
Gerry O’Donoghue
Queens Medical Centre, Nottingham, UK
Stephen O’Leary
University of Melbourne, Melbourne, Australia
Onur Odabaşı
Adnan Menderes University, Aydın, Turkey
F. Erwin Offeciers
Sint-Augustinus Hospital University, Wilrijk, Belgium
Seung Ha Oh
Seoul National University Hospital, Seoul, South Korea
Levent Olgun
İzmir Bozyaka Hospital, İzmir, Turkey
Carlos A. Oliveira
University of Brasilia Medical School, Brasilia, Brazil
Ewa Olszewska
Medical University of Białystok, Białystok, Poland
Eva Orzan  
Audiology and Otorhinolaryngology Institute for Maternal and Child Health IRCCS “Burlo Garofolo”, Trieste, Italy

Levent Naci Özlüoğlu  
Başkent University, Ankara, Turkey

Blake Papsin  
University of Toronto, Toronto, Canada

Ronen Perez  
Shaare Zedek Medical Center, Jerusalem, Israel

Nicolas Perez Fernandez  
University of Navarra, Navarra, Spain

Stefan Plontke  
University Hospital Halle, Saale, Germany

Milan Profant  
Department of Otorhinolaryngology University of Bratislava, Bratislava, Slovakia

Nicola Quaranta  
University of Bari, Bari, Italy

Angel Ramos  
University Hospital Insular, Las Palmas, Spain

Gianpietro Ricci  
University of Perugia, Perugia, Italy

John Rutka  
Toronto General Hospital, Toronto, Canada

Ayşe Sanem Sahli  
Department of Audiology Hacettepe University School of Medicine, Ankara, Turkey

Masafumi Sakagami  
Hyogo College of Medicine, Hyogo, Japan

Issam Saliba  
University of Montreal, Quebec, Canada

Mario Sanna  
Gruppo Otologico, Piacenza, Italy

Pascal Senn  
University of Geneva, Geneva, Switzerland

Avi Shupak  
Technion - Israel Institute of Technology, Haifa, Israel

Henrik Skarzynski  
World Hearing Center, Warsaw, Poland

Ad Snik  
University of Nijmegen, Nijmegen, The Netherlands

Thomas Somers  
Sint-Augustinus Hospital University, Wilrijk, Belgium

Holger Sudhoff  
Bielefeld Academic Teaching Hospital, Muenster University, Bielefeld, Germany

Witold Szyfter  
Poznan University of Medical Sciences, Poznan, Poland

Bülent Şerbetçioğlu  
Dokuz Eylul University, İzmir, Türkiye

Haruo Takahashi  
University of Nagasaki, Nagasaki, Japan

Rinze A. Tange  
University of Utrecht, Utrecht, The Netherlands

George Tavartkiladze  
National Research Centre for Audiology and Hearing Rehabilitation, Moscow, Russia

Per Caye Thomasen  
Gentofte University Hospital, Hellerup, Denmark

Michael Tong  
The Chinese University of Hong Kong, Hong Kong, China

Tetsuya Tono  
Miyazaki Medical College, Miyazaki, Japan

Vedat Topsakal  
University of Utrecht, Utrecht, The Netherlands

Franco Trabalzini  
University of Siena, Siena, Italy

Eric Truy  
University of Lyon, Lyon, France

Nina Bozanic Urbanbic  
University Medical Centre Ljubljana, Ljubljana, Slovenia

Cem Uzun  
Trakya University, Edirne, Turkey

Paul Van de Heyning  
University of Antwerp, Antwerp, Belgium

Fredéric Venail  
CHU Montpellier, Montpellier, France

Christophe Vincent  
Lille University Hospital, Lille, France

Magnus von Unge  
Akershus Universitetssykehus, Nordbyhagen, Norway

Ashley Wackym  
Ear and Skull Base Institute, Portland, Oregon, USA

Stephen Wetmore  
University West Virginia Medical Center, Morgantown, USA

Sertaç Yetişer  
Anadolu Hospital, Istanbul, Turkey

Orhan Yılmaz  
Clinic of Otorhinolaryngology, University of Health Sciences Dışkapı Yıldırım Beyazıt Training and Research Hospital, Ankara, Turkey

Robin Youngs  
Gloucestershire Royal Hospital, Gloucestershire, UK

Diego Zanetti  
University of Milano, Milano, Italy
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).

The Journal of International Advanced Otology is indexed in Science Citation Index Expanded, PubMed/MEDLINE, Pubmed Central, Index Copernicus, EBSCO, PROQUEST, and SCOPUS.

Processing and publication are free of charge with the journal. No fees are requested from the authors at any point throughout the evaluation and publication process. All manuscripts must be submitted via the online submission system, which is available at www.advancedotology.org. The journal guidelines, technical information, and the required forms are available on the journal's web page.

J Int Adv Otol is funded by revenue generated by advertising as well as the support of the European Academy of Otology and Neurotology and the Politzer Society. Advertisement images are published only upon the Editor-in-Chief's approval.

Statements or opinions expressed in the manuscripts published in the journal reflect the views of the author(s) and not the opinions of the European Academy of Otology and Neurotology, Politzer Society, editors, editorial board, and/or publisher; the editors, editorial board, and publisher disclaim any responsibility or liability for such materials.

Journal of International Advanced Otology is an open access publication and the journal's publication model is based on Budapest Open Access Initiative (BOAI) declaration. Journal’s archive is available online, free of charge at www.advancedotology.org. Journal of International Advanced Otologys's content is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.

Printed copies of the journal are distributed to the members of the European Academy of Otology and Neurotology and the Politzer Society, free of charge.

Editorial Office: Prof. Dr. O. Nuri Ozgirgin
Address: Bayındır Hospital, Söğütözü, Ankara, Turkey
Tel: +90 312 287 90 00 - int: 7811
Fax: +90 312 284 42 76
e-mail: ozgirgin@icloud.com

Publisher: AVES
Address: Büyükdere Cad. 105/9 34394 Mecidiyeköy, Şişli, İstanbul
Phone: +90 212 217 17 00
Fax: +90 212 217 22 92
Web page: avesyayincilik.com
E-mail: info@avesyayincilik.com

The journal is printed on an acid-free paper.
Instructions to Authors

Context

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.

Editorial and Publication Process

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

Originality, high scientific quality, and citation potential are the most important criteria for a manuscript to be accepted for publication. Manuscripts submitted for evaluation should not have been previously presented or already published in an electronic or printed medium. The journal should be informed of manuscripts that have been submitted to another journal for evaluation and rejected for publication. The submission of previous reviewer reports will expedite the evaluation process. Manuscripts that have been presented in a meeting should be submitted with detailed information on the organization, including the name, date, and location of the organization.

Peer-Review Policy

Manuscripts submitted to the Journal of International Advanced Otology will go through a double-blind peer-review process. Each submission will be reviewed by at least two external, independent peer reviewers who are experts in their fields in order to ensure an unbiased evaluation process. The editorial board will invite an external and independent editor to manage the evaluation processes of manuscripts submitted by editors or by the editorial board members of the journal. The Editor in Chief is the final authority in the decision-making process for all submissions.

Ethical Principles

An approval of research protocols by the Ethics Committee in accordance with international agreements (World Medical Association Declaration of Helsinki “Ethical Principles for Medical Research Involving Human Subjects,” amended in October 2013, www.wma.net) is required for experimental, clinical, and drug studies and for some case reports. If required, ethics committee reports or an equivalent official document will be requested from the authors. For manuscripts concerning experimental research on humans, a statement should be included that shows that written informed consent of patients and volunteers was obtained following a detailed explanation of the procedures that they may undergo. For studies carried out on animals, the measures taken to prevent pain and suffering of the animals should be stated clearly. Information on patient consent, the name of the ethics committee, and the ethics committee approval number should also be stated in the Materials and Methods section of the manuscript. It is the authors’ responsibility to carefully protect the patients’ anonymity. For photographs that may reveal the identity of the patients, signed releases of the patient or of their legal representative should be enclosed.
Plagiarism

Journal of International Advanced Otology is extremely sensitive about plagiarism. All submissions are screened by a similarity detection software (iThenticate by CrossCheck) at any point during the peer-review and/or production process. Even if you are the author of the phrases or sentences, the text should not have unacceptable similarity with the previously published data.

When you are discussing others’ (or your own) previous work, please make sure that you cite the material correctly in every instance.

In the event of alleged or suspected research misconduct, e.g., plagiarism, citation manipulation, and data falsification/fabrication, the Editorial Board will follow and act in accordance with COPE guidelines.

Authorship

Each individual listed as an author should fulfill the authorship criteria recommended by the International Committee of Medical Journal Editors (ICMJE - www.icmje.org). The ICMJE recommends that authorship be based on the following 4 criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

In addition to being accountable for the parts of the work he/she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged in the title page of the manuscript.

Authors are required to provide their contributions to the manuscript in the Copyright Agreement and Authorship Form which can be downloaded at http://www.advancedotology.org/eng. If the editorial board suspects a case of “gift authorship,” the submission will be rejected without further review. As part of the submission of the manuscript, the corresponding author should also send a short statement declaring that he/she accepts to undertake all the responsibility for authorship during the submission and review stages of the manuscript.

Declaration of Interest

Journal of International Advanced Otology requires and encourages the authors and the individuals involved in the evaluation process of submitted manuscripts to disclose any existing or potential conflicts of interests, including financial, consultant, and institutional, that might lead to potential bias or a conflict of interest. Any financial grants or other support received for a submitted study from individuals or institutions should be disclosed to the Editorial Board. To disclose a potential conflict of interest, the ICMJE Potential Conflict of Interest Disclosure Form should be filled in and submitted by all contributing authors. Cases of a potential conflict of interest of the editors, authors, or reviewers are resolved by the journal’s Editorial Board within the scope of COPE and ICMJE guidelines.

The Editorial Board of the journal handles all appeal and complaint cases within the scope of COPE guidelines. In such cases, authors should get in direct contact with the editorial office regarding their appeals and complaints. When needed, an ombudsperson may be
assigned to resolve cases that cannot be resolved internally. The Editor in Chief is the final authority in the decision-making process for all appeals and complaints.

Copyright and License

Journal of Interventional Advanced Otology requires each submission to be accompanied by a Copyright License Agreement (available for download http://www.advancedotology.org). When using previously published content, including figures, tables, or any other material in both print and electronic formats, authors must obtain permission from the copyright holder. Legal, financial and criminal liabilities in this regard belong to the author(s). By signing the Copyright License Agreement, authors retain copyright of their work and agree that the article, if accepted for publication by the Journal of Interventional Advanced Otology, will be licensed under a Creative Commons Attribution-Non Commercial 4.0 International License (CC BY-NC).

Disclaimer

Statements or opinions expressed in the manuscripts published in the Journal of International Advanced Otology reflect the views of the author(s) and not the opinions of the editors, the editorial board, or the publisher; the editors, the editorial board, and the publisher disclaim any responsibility or liability for such materials. The final responsibility in regard to the published content rests with the authors.

MANUSCRIPT PREPARATION

The manuscripts should be prepared in accordance with ICMJE-Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (updated in December 2015 - http://www.icmje.org/icmje-recommendations.pdf). Authors are required to prepare manuscripts in accordance with the CONSORT guidelines for randomized research studies, STROBE guidelines for observational original research studies, STARD guidelines for studies on diagnostic accuracy, PRISMA guidelines for systematic reviews and meta-analysis, ARRIVE guidelines for experimental animal studies, and TREND guidelines for non-randomized public behavior.

Manuscripts can only be submitted through the journal’s online manuscript submission and evaluation system, available at www.advancedotology.org. Manuscripts submitted via any other medium will not be evaluated.

Manuscripts submitted to the journal will first go through a technical evaluation process where the editorial office staff will ensure that the manuscript has been prepared and submitted in accordance with the journal’s guidelines. Submissions that do not conform to the journal’s guidelines will be returned to the submitting author with technical correction requests.

Authors are required to submit the following:

- Author Contribution and Copyright Agreement Form,
- ICMJE Potential Conflict of Interest Disclosure Form (should be filled in by all contributing authors) during the initial submission. These forms are available for download at www.advancedotology.org.

Preparation of the Manuscript

**Title page:** A separate title page should be submitted with all submissions and this page should include:

- The full title of the manuscript as well as a short title (running head) of no more than 50 characters,
- Name(s), affiliations, highest academic degree(s), and ORCID IDs of the author(s),
• Grant information and detailed information on the other sources of support,
• Name, address, telephone (including the mobile phone number) and fax numbers, and email address of the corresponding author,
• Acknowledgment of the individuals who contributed to the preparation of the manuscript but who do not fulfill the authorship criteria.

Abstract: An abstract should be submitted with all submissions except for Letters to the Editor. The abstract of Original Articles should be structured with subheadings (Objective, Methods, Results, and Conclusion). Please check Table 1 below for word count specifications.

Keywords: Each submission must be accompanied by a minimum of three to a maximum of six keywords for subject indexing at the end of the abstract. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical Subject Headings database (https://www.nlm.nih.gov/mesh/MBrowser.html).

Manuscript Types

Original Articles: This is the most important type of article since it provides new information based on original research. The main text of original articles should be structured with Introduction, Methods, Results, Discussion, and Conclusion subheadings. Please check Table 1 for the limitations for Original Articles.

Statistical analysis to support conclusions is usually necessary. Statistical analyses must be conducted in accordance with international statistical reporting standards (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. Br Med J 1983; 7; 1489-93). Information on statistical analyses should be provided with a separate subheading under the Materials and Methods section and the statistical software that was used during the process must be specified.

Units should be prepared in accordance with the International System of Units (SI).

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 Üniversitesiindeki 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.

**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.
Surgical Outcomes of Intratemporal Facial Nerve Schwannomas According to Facial Nerve Manipulation
Woo Seok Kang, Jae Joon Han, Jihye Rhee, Jun Ho Lee, Ja-Won Koo, Jong Woo Chung

Efficacy of Epley Maneuver on Quality of Life of Elderly Patients with Subjective BPPV
Uzdan Uz, Didem Uz, Gülden Akdal, Onur Çelik

Head-Shaking Nystagmus in the Early Stage of Unilateral Menière's Disease
Arianna Di Stadio, Giampietro Ricci, Massimo Ralli, Tropiano Paolo, Giovanni Agostini, Mario Faralli

A New Application of CBCT Image Fusion in Temporal Bone Studies
Matti Iso-Mustajärvi, Sini Sipari, Antti Lehtimäki, Jyrki Tervaniemi, Heikki Löppönen, Aarno Dietz

Determination of Anxiety, Health Anxiety and Somatosensory Amplification Levels in Individuals with Benign Paroxysmal Positional Vertigo
Alper Özdişlek, Pınar Yakınay Dikmen, Erkan Acar, Elif Ayanoğlu Aksoy, Nazım Korkut

Menière’s Disease and Caloric Stimulation: Some News from an Old Test
Niccolò Cerchiai, Elena Navari, Mario Miccoli, Augusto Pietro Casani

Validation and Factor Analysis of the Lithuanian Version of the Dizziness Handicap Inventory
Domantas Valančius, Agnė Ulytė, Rytis Masiliūnas, Aistė Paškonienė, Ingrida Ulozienė, Diego Kaski, Loreta Vaicekauskienė, Eugenijus Lesinskas, Dalius Jatužis, Kristina Ryliškienė

Case Reports

The Long-Term Efficacy of Cochlear Implantation for Hearing Loss in Muckel-Wells Syndrome
Bakushi Ogawa, Mitsuhiro Aoki, Hidenori Ohnishi, Toshimitsu Ohashi, Hisamitsu Hayashi, Bunya Kuze, Yatsuji Ito

Cochlear Implantation after Bromate Intoxication-Induced Bilateral Deafness: A Case Report
Choi Sung-Won, Cho Youngmo

Extensive Skull Base Osteomyelitis Secondary to Malignant Otitis Externa
Luca Bruschini, Stefano Berrettini, Cambi Christina, Simone Ferranti, Silvia Fabiani, Marina Cavezza, Francesca Forli, Amelia Santoro, Enrico Tagliaferri

Cochlear Implant Electrode Migration due to Cholesterol Granuloma: Cues from a Case
Andrea Di Laora, Isabelle Miosnier, Andrea Ciorba, Stefano Pelucchi, Olivier Sterkers, Daniele Bernardeschi

Jugular Foramen Metastasis from Lung Cancer: A Case of “A Mass without His Syndrome”
Giovanni Ciavarro, Francesca Bazzetti, Maurizio Falconi

Letter to the Editor

International Consensus Recommendations on Microtia, Aural Atresia and Functional Ear Reconstruction
Shihi Chang, Qingguo Zhang

Assessment of Audiological and Vestibular Involvement in Mitochondrial Encephalopathy, Lactic Acidosis, and Stroke-Like Episodes Requires in-Depth Background Information
Josef Finsterer

Reviewer List