

# World Journal of *Otorhinolaryngology*

*World J Otorhinolaryngol* 2012 April 28; 2 (2): 8-13



## Editorial Board

2011-2015

The *World Journal of Otorhinolaryngology* Editorial Board consists of 100 members, representing a team of worldwide experts in otorhinolaryngology. They are from 26 countries, including Australia (1), Austria (1), Belgium (4), Brazil (1), China (4), Colombia (1), Czech Republic (1), Egypt (5), Germany (4), Greece (8), Hungary (1), India (7), Iran (1), Israel (2), Italy (10), Japan (5), New Zealand (1), Poland (1), Singapore (1), South Korea (3), Spain (1), Sweden (1), Switzerland (1), Turkey (14), United Kingdom (3), and United States (18).

**EDITOR-IN-CHIEF**

Tsutomu Nakashima, *Nagoya*  
Steven J Wang, *San Francisco*

**GUEST EDITORIAL BOARD MEMBERS**

Chao-Cheng Huang, *Kaohsiung*

**MEMBERS OF THE EDITORIAL BOARD****Australia**

Anne Elizabeth Vertigan, *Newcastle*

**Austria**

Christoph Arnoldner, *Vienna*

**Belgium**

Joris Joris Dirckx, *Antwerp*  
Amr Essam El-Shazly, *Liege*  
Philippe Rombaux, *Brussels*  
Robby Vanspauwen, *Antwerp*

**Brazil**

Maria Cristina Chammas, *Sao Paulo*

**China**

Anna Chishan Kam, *Hong Kong*  
Hua-Bin Li, *Guangzhou*  
Zheng Liu, *Wuhan*

**Colombia**

Luis Miguel Ramirez Aristeguieta, *Medellin*

**Czech Republic**

Jan Vodicka, *Pardubice*

**Egypt**

Tarek Abdelhameed Abulezz, *Sohag*  
Sherifa Ahmed Hamed, *Assiut*  
Emad Ahmed Magdy, *Alexandria*  
Badr Eldin Mostafa, *Cairo*  
Sameh Ibrahim Sersar, *Mansoura*

**Germany**

Carsten Christof Boedeker, *Freiburg*  
Raphael Richard Ciuman, *Gelsenkirchen*  
Jessica Freiherr, *Aachen*  
Markus Hambek, *Frankfurt*

**Greece**

Anna Eleftheriadou, *Rethymnon*  
G Michael-Minas Fragkiadakis, *Heraklion*  
Haralampos Gouveris, *Alexandroupolis*  
Alexander Dimitrios Karatzanis, *Heraklion*  
George I Nossios, *Serres*  
Theodossis S Papavramidis, *Thessaloniki*  
Maria George Riga, *Alexandroupolis*  
Evangelia Tsakiropoulou, *Thessaloniki*

**Hungary**

László Robert Rovó, *Szeged*

**India**

Muthuswamy Dhiwakar, *Coimbatore*  
Prahlad Duggal, *Amritsar*  
Ajith Kumar U, *Mysore*  
Satish Nair, *Delhi Cantt*  
Vijaya Kumar Narne, *Mysore*  
Ashok Kumar Sinha, *Kolkata*  
Jagdeep S Thakur, *Shimla*

**Iran**

Mohsen Naraghi, *Tehran*

**Israel**

Haim Gavriel, *Zerifin*  
Michael Vaiman, *Bat Yam*

**Italy**

Marco Berlucchi, *Brescia*  
Giovanni Blandino, *Rome*  
Francesco Bussu, *Rome*  
Alessandro De Stefano, *Taranto*  
Alberto Deganello, *Florence*  
Francesco Dispenza, *Palermo*  
Alfio Ferlito, *Udine*  
Stavros D Hatzopoulos, *Ferrara*  
Gino Marioni, *Padova*  
Giacomo Pata, *Brescia*

**Japan**

Arata Horii, *Osaka*  
Sho Kanzaki, *Tokyo*  
Nejat Mahdieh, *Shizuoka*  
Akihiro Shiotani, *Saitama*

**New Zealand**

Srdjan Vlajkovic, *Auckland*

**Poland**

W Wiktor Jedrzejczak, *Warsaw*

**Singapore**

De-Yun Wang, *Singapore*

**South Korea**

Han Su Kim, *Seoul*  
Sang Hag Lee, *Seoul*  
Raekil Park, *Iksan*

**Spain**

Mario A Hermsen, *Oviedo*

**Sweden**

Zhe Jin, *Uppsala*

**Switzerland**

Thomas Nicola Roth, *Zurich*

**Turkey**

Atilla Arslanoglu, *Ankara*  
Murat Caloglu, *Edirne*  
Ali Coskun, *Izmir*  
Alper Nabi Erkan, *Adana*  
Mustafa Gul, *Kahramanmaraş*  
Mehmet Gunduz, *Ankara*  
Samet Vasfi Kuvat, *Istanbul*  
Nuray Bayar Muluk, *Ankara*  
Nesrin Bozdogan Ozyilkan, *Adana*  
Murat Songu, *Izmir*  
Rauf Tahamiler, *Istanbul*  
Murat Unal, *Mersin*  
Sidika Deniz Yalim, *Adana*  
Yavuz Selim Yildirim, *Istanbul*

**United Kingdom**

Ahmed Eweiss, *Gloucester*  
Jonathan Charles Hobson, *Manchester*  
Petros V Vlastarakos, *Stevenage*

**United States**

Ahmed Kamel Abdel Aal, *Birmingham*  
Thomas Jay Balkany, *Miami*  
Samuel S Becker, *Sewell*  
Rakesh Kumar Chandra, *Chicago*  
Nipun Chhabra, *Cleveland*  
Didier A Depireux, *College Park*  
Richard L Doty, *Philadelphia*  
James Paul Dworkin, *Detroit*  
Patrick Kyongmin Ha, *Baltimore*  
Ron B Mitchell, *St Louis*  
Fred A Pereira, *Houston*  
Claus-Peter Richter, *Chicago*  
Peter S Roland, *Dallas*  
Ashok R Shaha, *New York*  
Abraham Shulman, *Brooklyn*  
Gregory Thomas Wolf, *Ann Arbor*  
Kathleen Yaremchuk, *Detroit*



# World Journal of Otorhinolaryngology

**Contents**

**Bimonthly Volume 2 Number 2 April 28, 2012**

**BRIEF ARTICLES**

- 8 Antimicrobial potential of *Terminalia chebula* Retz. fruit extracts against ear pathogens  
*Sharma C, Aneja KR, Kasera R, Aneja A*

## Contents

*World Journal of Otorhinology*  
Volume 2 Number 2 April 28, 2012

**ACKNOWLEDGMENTS** I Acknowledgments to reviewers of *World Journal of Otorhinology*

**APPENDIX** I Meetings  
I-V Instructions to authors

**ABOUT COVER** Editorial Board Member of *World Journal of Otorhinology*,  
Alessandro De Stefano, MD, PhD, FAINOT, "G.d'Annunzio" University of Chieti and  
Pescara, Via di Palma 10, 74100 Taranto, Italy

**AIM AND SCOPE** *World Journal of Otorhinology* (*World J Otorhinology*, *WJO*, online ISSN 2218-6247,  
DOI: 10.5319) is a bimonthly peer-reviewed, online, open-access (OA), journal supported  
by an editorial board consisting of 100 experts in otorhinology from 26  
countries.

The aim of *WJO* is to report rapidly new theories, methods and techniques for prevention, diagnosis, treatment, rehabilitation and nursing in the field of otorhinology. *WJO* covers diagnostic imaging, endoscopy, rhinology, pharyngology, laryngology, tracheo-esophagology, otology, tracheology, cancer, nasal symptomatology, congenital nasal diseases, inflammatory diseases of the external nose, rhinitis, allergic rhinitis, nasal polyps, nasal septal diseases, nasal bleeding, nasal or sinus foreign bodies, sinusitis, rhinogenic complications, traditional medicine, integrated Chinese and Western medicine, evidence-based medicine, epidemiology and nursing. The journal also publishes original articles and reviews that report the results of applied and basic research in fields related to otorhinology, such as immunology, physiopathology, cell biology, pharmacology, medical genetics, and pharmacology of Chinese herbs.

**FLYLEAF** I-III Editorial Board

## EDITORS FOR THIS ISSUE

Responsible Assistant Editor: *Xing Wu*

Responsible Electronic Editor: *Dan-Ni Zhang*

Proofing Editor-in-Chief: *Lian-Sheng Ma*

Responsible Science Editor: *Xiao-Cui Yang*

Proofing Editorial Office Director: *Xing Wu*

**NAME OF JOURNAL**  
*World Journal of Otorhinology*

**ISSN**  
ISSN 2218-6247 (online)

**LAUNCH DATE**  
December 28, 2011

**FREQUENCY**  
Bimonthly

**EDITING**  
Editorial Board of *World Journal of Otorhinology*  
Room 903, Building D, Ocean International Center,  
No. 62 Dongsihuan Zhonglu, Chaoyang District,  
Beijing 100025, China  
Telephone: +86-10-85381892  
Fax: +86-10-85381893  
E-mail: [wjotorhinology@wjgnet.com](mailto:wjotorhinology@wjgnet.com)  
<http://www.wjgnet.com>

**EDITOR-IN-CHIEF**  
**Steven J Wang, MD, FACS, Associate Professor** in  
Residence, Department of Otolaryngology-Head and  
Neck Surgery, University of California, San Francisco,

2233 Post St, 3rd Floor-Box 1225, San Francisco, CA  
94115, United States

**Tsutomu Nakashima, MD, PhD, Professor**, De-  
partment of Otorhinology, Nagoya University  
Graduate School of Medicine, 65, Tsurumai-cho,  
Showa-ku, Nagoya 466-8550, Japan

**EDITORIAL OFFICE**  
*Xing Wu*, Assistant Director  
*World Journal of Otorhinology*  
Room 903, Building D, Ocean International Center,  
No. 62 Dongsihuan Zhonglu, Chaoyang District,  
Beijing 100025, China  
Telephone: +86-10-85381892  
Fax: +86-10-85381893  
E-mail: [wjotorhinology@wjgnet.com](mailto:wjotorhinology@wjgnet.com)  
<http://www.wjgnet.com>

**PUBLISHER**  
Baishideng Publishing Group Co., Limited  
Room 1701, 17/F, Henan Building,  
No.90 Jaffe Road, Wanchai, Hong Kong, China  
Fax: +852-31158812  
Telephone: +852-58042046

E-mail: [bpg@baishideng.com](mailto:bpg@baishideng.com)  
<http://www.wjgnet.com>

**PUBLICATION DATE**  
April 28, 2012

**COPYRIGHT**  
© 2011 Baishideng. Articles published by this Open-  
Access journal are distributed under the terms of  
the Creative Commons Attribution Non-commercial  
License, which permits use, distribution, and reproduc-  
tion in any medium, provided the original work is prop-  
erly cited, the use is non commercial and is otherwise in  
compliance with the license.

**SPECIAL STATEMENT**  
All articles published in this journal represent the  
viewpoints of the authors except where indicated oth-  
erwise.

**INSTRUCTIONS TO AUTHORS**  
Full instructions are available online at [http://www.wjgnet.com/2218-6247/g\\_info\\_20100722180338.htm](http://www.wjgnet.com/2218-6247/g_info_20100722180338.htm)

**ONLINE SUBMISSION**  
<http://www.wjgnet.com/2218-6247/office/>

## Antimicrobial potential of *Terminalia chebula* Retz. fruit extracts against ear pathogens

Chetan Sharma, Kamal R Aneja, Ramkrashan Kasera, Ashish Aneja

Chetan Sharma, Kamal R Aneja, Department of Microbiology, Kurukshetra University, Kurukshetra 136119, Haryana, India  
Ramkrashan Kasera, Department of Biotechnology, Pune University, Pune 411007, India

Ashish Aneja, University Health Center, Kurukshetra University, Kurukshetra 136119, Haryana, India

Author contributions: Sharma C and Aneja KR performed the majority of experiments; Kasera R helped in identification of bacterial pathogens; and Aneja A helped in collection of ear samples of otitis externa patients.

Supported by Kurukshetra University, Kurukshetra, Haryana

Correspondence to: Dr. Chetan Sharma, Department of Microbiology, Kurukshetra University, Kurukshetra 136119, Haryana, India. [chetanmicro147@gmail.com](mailto:chetanmicro147@gmail.com)

Telephone: +91-98-12287101 Fax: +91-17-44238277

Received: October 25, 2011 Revised: December 14, 2011

Accepted: February 27, 2012

Published online: April 28, 2012

mm). Of the four solvents evaluated, acetonetic fruit extract of *T. chebula* was found to be best. The MIC values ranged between 0.78 mg/mL and 50 mg/mL for the different bacterial ear pathogens and MBC values ranged between 1.56 mg/mL and 50 mg/mL. The acetonetic fruit extract showed larger inhibition zones compared to the herbal ear drops, Kan pip with lowest MIC of 0.78 mg/mL and MBC of 1.56 mg/mL.

**CONCLUSION:** Acetonetic extract of *T. chebula* fruit may be used to treat otitis externa. However, more detailed studies, such as *in vivo* testing and pharmacokinetics properties, are needed to determine its therapeutic potential.

© 2012 Baishideng. All rights reserved.

**Key words:** Otitis externa; *Terminalia chebula*; Antimicrobial activity; Minimum inhibitory concentration; Minimum bactericidal concentration; Organic and aqueous extracts

**Peer reviewers:** Francesco Dispenza, MD, PhD, Department of Otorhinolaryngology, Hospital S Giovanni di Dio ASP Agrigento, Via Oreto 339, 90124 Palermo, Italy; Nuray Bayar Muluk, MD, Professor, Department of Otorhinolaryngology, Kirikkale University, Ankara 06610, Turkey

Sharma C, Aneja KR, Kasera R, Aneja A. Antimicrobial potential of *Terminalia chebula* Retz. fruit extracts against ear pathogens. *World J Otorhinolaryngol* 2012; 2(2): 8-13 Available from: URL: <http://www.wjgnet.com/2218-6247/full/v2/i2/8.htm>  
DOI: <http://dx.doi.org/10.5319/wjo.v2.i2.8>

### Abstract

**AIM:** To evaluate the antimicrobial potential of *Terminalia chebula* (*T. chebula*) extracts against pathogens causing otitis externa and compare it with ear drops.

**METHODS:** Four different extracts, methanol, ethanol, acetone and aqueous (hot and cold) extracts, from the *T. chebula* were tested for their antimicrobial activity through the agar well diffusion method and minimum inhibitory concentration (MIC)/minimum bactericidal concentration (MBC) values were determined through the macrodilution broth method against six different microorganism, five bacterial (one gram positive and four gram negative) and one yeast.

**RESULTS:** Organic and aqueous fruit extracts displayed activity against all five tested bacterial ear pathogens with a maximum zone of inhibition of 31.6 mm against *Staphylococcus aureus*, followed by *Acinetobacter sp.* (24.6 mm), *Pseudomonas aeruginosa* (23.6 mm), *Proteus mirabilis* (21 mm) and *Escherichia coli* (19.3

### INTRODUCTION

Otitis externa refers to a spectrum of infections of the external auditory canal and auricle, usually associated with microbial infection of macerated skin and subcutaneous cellular tissue. It affects between 5% and 20%

of patients attending ear, nose and throat (ENT) clinics. Manifestations of otitis externa include pain, pruritus and erythema but as the disease progresses, edema, otorrhea and conductive hearing loss may also develop<sup>[1-3]</sup>. The main causative agents of the diseases are *Staphylococcus aureus* (*S. aureus*), *Staphylococcus epidermidis* (*S. epidermidis*), *Escherichia coli* (*E. coli*), *Pseudomonas aeruginosa* (*P. aeruginosa*), *Acinetobacter calcoaceticus*, *Protens mirabilis* (*P. mirabilis*), *Aspergillus niger*, *Aspergillus flavus*, *Aspergillus fumigatus*, *Aspergillus luchuensis*, *Aspergillus terreus*, *Penicillium sp.* and *Candida albicans* (*C. albicans*)<sup>[4-6]</sup>.

Due to indiscriminate use of commercial antimicrobial drugs and development of multiple drug resistant strains of bacteria and fungi, there is a worldwide emphasis to search for new antimicrobials from natural sources. Plant metabolites and plant based drugs appear to be one of the better alternatives as they are known to have minimal toxicity and are cost-effective in contrast to synthetic agents<sup>[7]</sup>.

India is sitting on a gold mine of well-recorded and traditional well practised knowledge of herbal medicine<sup>[8]</sup>. *Terminalia chebula* (*T. chebula*) Retz., commonly known as Black Myrobalan and Harad, is a member of the family *Combretaceae*. It is native to the Indian subcontinent and the adjacent areas such as Pakistan, Nepal, south-west China and Sri Lanka. In Tibet, it is called the “king of medicine”. It is a medium to large deciduous tree attaining a height of up to 30 m, with widely spreading branches and a broad roundish crown. The leaves are elliptical, oblong with an acute tip, cordate at the base, entire margins, glabrous above with a yellowish pubescence below. The flowers are monoecious, dull white to yellow, with a strong unpleasant odor, borne in terminal spikes or short panicles. The fruits are glabrous, ellipsoid to ovoid drupes, yellow to orange brown in color, containing a single angle stone<sup>[9-11]</sup>.

The dried ripe fruit has traditionally been used in the treatment of asthma, sore throat, vomiting, hiccup, diarrhea, bleeding piles, gout and heart and bladder disease. In addition, the plant is commonly used for acidity, chronic lung disease, skin diseases and eye disorders<sup>[12-14]</sup>. It has been reported to exhibit a variety of biological activities, such as anticancer, antioxidant, antidiabetic, antibacterial, antifungal, antiviral, antianaphylactic, anti-ulcerogenic and antispasmodic. It also possesses cardio-protective, hepatoprotective, radioprotective and wound healing activities<sup>[9,15,16]</sup>.

This plant is known to be an important source of secondary metabolites, of which, 33% of the total phytoconstituents are hydrolysable tannins (which may vary from 20%-50%) and are responsible for pharmacological activity. The chief constituents of tannin are chebulic acid, chebulagic acid, corilagin and gallic acid<sup>[17-19]</sup>. Tannin of *T. chebula* is of the pyrogallol (hydrolyzable) type. Hydrolyzable tannins (gallic acid, chebulic acid, punicalagin, chebulanin, corilagin, neochebulinic acid, ellagic acid, chebulogic acid, chebulinic acid, 1,2,3,4,6- penta-O-gallo-

yl-H-D-glucose, 1,6-di-O-galloyl-D-glucose, casuarinin, 3,4,6-tri-O-galloyl-D- glucose and terchebulin) have been reported from *T. chebula* fruits<sup>[20-23]</sup>.

In view of these reported medicinal values, the present study was carried out to examine the antimicrobial potential of *T. chebula* fruits against the locally isolated microbes, bacteria and yeasts, from otitis externa patients and to compare its efficacy with locally available ear drops.

## MATERIALS AND METHODS

### Plant collection

The fruits of *T. chebula* were obtained from the local market in Kurukshetra, Haryana. The taxonomic identity of the plant was confirmed by Dr. Vashishta BD, plant taxonomist, Chairman of Botany Department, Kurukshetra University, Kurukshetra.

### Extraction of plant material

The samples were carefully washed under running tap water followed by sterile distilled water and air dried at room temperature (35-40 °C) for 4-5 d, homogenized to a fine powder using a sterilized mixer grinder and stored in air tight bottles. Four different solvents, namely ethanol, methanol, acetone and aqueous (hot and cold), were used for extraction. Homogenized fruits, 10 g each, were separately soaked in conical flasks each containing 100 mL of acetone, ethanol, methanol (95%) and sterile distilled water. Also, an equal amount (i.e., 10 g) of homogenized fruits was immersed separately in 100 mL of hot sterile distilled water in conical flasks and allowed to stand for 30 min in a water bath (at 100 °C) with occasional shaking, followed by keeping all the flasks on rotary shaker at 200 rpm for 24 h. Each preparation was filtered through a sterilized Whatman No. 1 filter paper and finally concentrated to dryness under vacuum at 40 °C using a rota evaporator. The dried extract thus obtained was sterilized by overnight ultra violet-irradiation, checked for sterility on nutrient agar plates and stored at 4 °C in labelled sterile bottles until further use<sup>[24]</sup>.

### Test microorganisms

Five bacteria, namely *S. aureus* (HM626197, nucleotide sequence of all the five bacteria have been submitted to GenBank database which provided the GenBank accession number, HM626197-HM626201), *Acinetobacter sp.* (HM626198), *Protens mirabilis* (HM626199), *E. coli* (HM626200), *P. aeruginosa* (HM626201) and one yeast, *C. albicans*, were isolated from patients with an ear infection from the local ENT clinics in Kurukshetra<sup>[4]</sup>. Bacterial strains were identified on the basis of gram staining, biochemical and molecular characteristics (16S rRNA sequencing)<sup>[25]</sup> and on the basis of staining, morphological and cultural characteristics for the yeast<sup>[26,27]</sup>. The bacterial isolates were subcultured on nutrient agar and *C. albicans* on malt yeast agar and incubated aerobically at 37 °C. The media were procured from Hi Media Laboratory Pvt. Ltd., Bombay, India.

**Ear drops**

Three commonly prescribed ear drops by otolaryngologists, two allopathic ciprox (antibacterial), candid (antifungal) and a herbal ear drop Kan pip (antimicrobial), were procured from the local market in Kurukshetra.

**Screening for antimicrobial activity**

The acetone, methanol, ethanol and hot and cold aqueous *T. chebula* fruits extracts were used for evaluation of antimicrobial activity by the agar well diffusion method. In this method, a pure isolate of each microbe was grown on agar plates at 37 °C for 24 h. One plate of each microorganism was taken and a minimum of four colonies were transferred into normal saline (0.85%) under aseptic conditions. Density of each microbial suspension was adjusted to be equal to that of 10<sup>6</sup> cfu/mL (standardized by 0.5McFarland standard) and used as the inoculum for performing an agar well diffusion assay. One hundred microliter (100 µL) of the inoculum of each test organism was spread onto the agar plates so as to achieve a confluent growth. The agar plates were allowed to dry and 8 mm wells were made with a sterile borer in the inoculated agar plates. The lower portion of each well was sealed with molten agar medium. The dried extracts were reconstituted to 20% in dimethylsulphoxide (DMSO) for the bioassay analysis. A 100 µL volume of each extract was propelled directly into the wells (in triplicate) of the inoculated agar plates for each test organism. The plates were allowed to stand for 1 h at room temperature (40 °C) for diffusion of the extract into agar and incubated at 37 °C for 24 h. Sterile DMSO (20%) served as the negative control and ciprox (for bacteria), candid (for fungi) and Kan pip (antimicrobial) ear drops served as the positive controls. The antimicrobial activity, indicated by an inhibition zone surrounding the well containing the extract, was recorded if the zone was greater than 8 mm. The experiments were performed in triplicate and the mean values of the diameter of inhibition zones ± standard deviations were calculated<sup>[24]</sup>.

**Determination of minimum inhibitory concentration**

Minimum inhibitory concentration (MIC) for each test organism was determined by the macrodilution broth method. A twofold serial dilution of each extract was prepared by first reconstituting the dried extract (100 mg/mL) in 20% DMSO, followed by dilution in Mueller-Hinton broth (bacteria) and Malt yeast broth (yeast) to achieve a decreasing concentration range of 50 mg/mL to 0.39 mg/mL. Each dilution was seeded with 100 µL of the standardized microbial inoculum (1.5 × 10<sup>6</sup> cfu/mL). The inoculated culture tubes were incubated at 37 °C for 24 h. A set of tubes containing only broth was kept as control. Afterwards, incubation tubes were examined for changes in turbidity as an indicator of growth. The lowest concentration that did not permit any visible growth was considered as MIC<sup>[28,29]</sup>.

**Determination of minimum bactericidal concentration**

Minimum bactericidal concentration (MBC) is the lowest concentration of antimicrobial agent that will not allow the growth of an organism after subculturing on antibiotic free media. MBC was determined by subculturing the preparations that did not show any bacterial growth in the MIC determination. A 100 µL aliquot from the selected tube (showing MIC) was spread over the MHA plate and incubated at 37 °C for 24 h and examined for bacterial growth. The MBC, the lowest concentration of the plant extract giving 99.9% reduction of the bacterial growth of various plants parts against the bacterial pathogens, was recorded<sup>[29]</sup>.

**Determination of minimum fungicidal concentration**

A loopful of culture from each set of tubes that did not show any visible growth of the yeast in MIC determination was subcultured on to fresh plates of MEA and incubated at 37 °C for 24-48 h. Minimum fungicidal concentration for each plant extracts against the tested yeast was recorded as the lowest concentration that did not yield any fungal growth on the solid medium<sup>[30,31]</sup>.

**Statistical analysis**

The experimental results were repeated thrice in triplicate each time and expressed as mean ± SD and results were statistically evaluated using Dennett's *T*-test. *P* value less than 0.01 was considered significant.

**RESULTS**

The antibacterial activity of *T. chebula* fruits extracts on the agar plates varied in different organic (methanol, ethanol and acetone) and aqueous (hot and cold) extracts. Positive controls produced significantly sized inhibition zones against the tested bacteria (ranging between 16.3 mm and 56.3 mm) and the yeast (with zone of inhibition 21.6 mm), and the negative control produced no observable inhibitory effect against any of the test organism (Tables 1 and 2). A perusal of the data in Table 1 reveals that all the tested solvent fruit extracts possessed antibacterial activity against all five tested bacterial ear pathogens. However, the bioactivity against *C. albicans* was absent in all five extracts.

The acetonic fruit extract was found most effective against *S. aureus* (31.6 mm), followed by *Acinetobacter sp.* (24.6 mm), *P. aeruginosa* (23.6 mm), *P. mirabilis* (21 mm) and *E. coli* (19.3 mm). The ethanolic and methanolic fruit extracts showed moderate activity with inhibition zones of 28.6 mm and 27.3 mm against *S. aureus*, followed by *Acinetobacter sp.* (22.3 mm and 21.6 mm), *P. aeruginosa* (22.3 mm and 20.6 mm), *P. mirabilis* (20.6 mm and 19.3 mm) and *E. coli* (16.3 mm and 15.6 mm). Of the two tested aqueous extracts, hot aqueous extract exhibited more activity than the cold aqueous extract with zone of inhibition of 26.3 mm against *S. aureus*, followed by *Acinetobacter sp.* (18.3 mm), *P. mirabilis* (17.3 mm), *P. aeru-*

**Table 1** Antibacterial and antiyeast activity of *Terminalia chebula* fruits extract on ear pathogens

Solvent extracts (mg/mL)	Diameter of growth of inhibition zones (mm)					
	Sa	Pm	Pa	Ec	As	Ca
Acetone	31.6 <sup>a,1</sup> ± 1.52 <sup>2</sup>	21.0 ± 1.0	23.6 ± 1.15	19.3 ± 1.52	24.6 ± 0.57	-
Ethanol	27.3 ± 1.15	19.3 ± 1.15	20.6 ± 1.15	15.6 ± 0.57	21.6 ± 1.15	-
Methanol	28.6 ± 0.57	20.6 ± 0.57	22.3 ± 1.52	16.3 ± 1.52	22.3 ± 1.15	-
Hot aqueous	26.3 ± 1.15	17.3 ± 0.57	16.3 ± 1.15	14.3 ± 1.15	18.3 ± 0.57	-
Cold aqueous	25.6 ± 0.57	15.6 ± 1.52	14.6 ± 1.52	13.6 ± 0.57	17.6 ± 1.52	-
Ciplox ear drop	56.3 ± 0.57	46.3 ± 1.52	34.0 ± 1.0	36.3 ± 0.57	32.6 ± 0.57	NT
Kan pip ear drop	26.3 ± 1.52	20.3 ± 0.57	18.3 ± 1.52	23.6 ± 1.15	21.6 ± 1.52	16.3 ± 1.15
Candid ear drop	NT	NT	NT	NT	NT	21.6 ± 0.57

<sup>1</sup>Values, including diameter of the well (8 mm), are means of three replicates, <sup>2</sup>± SD. The data were analyzed by one way analysis of variance followed by Dunnett's test. <sup>a</sup>*P* < 0.01 vs positive control. Sa: *Staphylococcus aureus*; Pm: *Proteus mirabilis*; Pa: *Pseudomonas aeruginosa*; Ec: *Escherichia coli*; As: *Acinetobacter sp.*; Ca: *Candida albicans*; NT: Not tested.

**Table 2** Minimum inhibitory concentration and minimum bactericidal concentration of *Terminalia chebula* fruits extracts against bacterial ear pathogens

Solvent extract	mg/mL	Sa	Pm	Pa	Ec	As
Acetone	MIC	0.78	12.5	6.25	25	6.25
	MBC	1.56	6.25	6.25	25	6.25
Ethanol	MIC	3.12	25	12.5	50	12.5
	MBC	6.25	25	12.5	> 50	12.5
Methanol	MIC	3.12	12.5	12.5	50	12.5
	MBC	3.12	12.5	25	50	25
Hot aqueous	MIC	3.12	25	25	50	25
	MBC	6.12	50	50	50	25
Cold aqueous	MIC	3.12	25	25	50	25
	MBC	6.12	50	50	> 50	50

Sa: *Staphylococcus aureus*; Pm: *Proteus mirabilis*; Pa: *Pseudomonas aeruginosa*; Ec: *Escherichia coli*; As: *Acinetobacter sp.* MIC: Minimum inhibitory concentration; MBC: Minimum bactericidal concentration.

*ginosa* (16.3 mm) and *E. coli* (14.3 mm). The antibacterial activity of the acetonic extract was found better than the standard herbal ear drop (Kan pip) against all the tested bacterial ear pathogens (Table 1).

The MIC values ranged between 0.78 mg/mL and 50 mg/mL for the different bacterial ear pathogens and MBC values ranged between 1.56 mg/mL and 50 mg/mL. The results revealed that the MBC values were either equal or twofold higher than the MIC values against the corresponding pathogens. Of all the fruit extracts in different solvents tested, the acetonic extract was the best solvent where the lowest MIC of 0.78 mg/mL and MBC of 1.56 mg/mL was found against *S. aureus* that increased to MIC value of 6.25 mg/mL against *P. aeruginosa*, *P. mirabilis* and *Acinetobacter sp.*, and MIC was 25 mg/mL for *E. coli* (Table 2).

Kan pip ear drop showed the inhibition of all the tested pathogens with a zone of inhibition ranging between 26.3 mm and 16.3 mm but the allopathic antibacterial ear drop ciplox, containing ciprofloxacin and antifungal ear drop candid containing clotrimazole, produced a zone of inhibition ranging between 56.3 mm and 21.6 mm. The antibacterial activity of *T. chebula* acetonic extract was found to be better than the standard herbal ear drop

(Kan pip) against all the tested bacterial ear pathogens. All the obtained results were statistically significant as they showed (*P* < 0.01) compared with control (Table 1).

## DISCUSSION

Medicinal plants have been considered a boon to human society to cure a number of ailments<sup>[32]</sup>. Several works have documented the pharmacological screening of plant extracts which have been exploited as the source of innumerable therapeutic agents<sup>[33-35]</sup>. *T. chebula* is an important medicinal plant in Indian traditional medicine and it is the most frequently used herb in Ayurveda<sup>[36]</sup>. Therefore, in the present investigation, different organic (ethanol, methanol, acetone) and aqueous (hot and cold) fruit extracts of this plant were evaluated for their antibacterial and antifungal potential for the first time against the pathogens causing ear infection.

In our study, the organic fruit extracts of *T. chebula* were found to be the most active in inhibiting the growth of all the five tested bacterial ear pathogens compared to aqueous extracts. They showed a broad spectrum of antibacterial activity showing inhibition of gram-positive and gram-negative bacteria. Our work is supported by earlier studies on an alcoholic extract that exhibited greater activity than the aqueous extracts against bacteria<sup>[37,38]</sup>. There are several other reports about the antibacterial activity of *T. chebula* fruit extracts against uropathogenic *E. coli*, *Helicobacter pylori* and *S. aureus*, *Salmonella typhi*, *S. epidermidis*, *Bacillus subtilis*, *Proteus vulgaris* and *Pseudomonas aeruginosa*<sup>[7,10,36]</sup>.

Among the tested bacterial ear pathogens, gram-positive bacterial strains have been found to be more susceptible than gram-negative bacterial strains. This may be attributed to the fact that the cell wall in gram-positive bacteria consists of a single layer, whereas, the gram-negative cell wall is a multilayered structure bounded by an outer cell membrane<sup>[39]</sup>. A majority of the described antimicrobial effects of *T. chebula* extracts have been attributed to their secondary metabolites, notably tannins. The antibacterial activities of tannins are well documented and are known to inhibit the growth of many fungi, yeasts, bacteria and viruses<sup>[10]</sup>.

Of the three organic extracts of this plant screened, the acetonic extract has been found to be more active and have a better antibacterial activity than the corresponding ethanolic and methanolic extracts (Table 1). Our results confirm the finding of Nair *et al.*<sup>[40]</sup>, Cowan<sup>[41]</sup> and El-off<sup>[42]</sup>, who rated acetone as the best solvent. Interestingly, *T. chebula* extracts have been found to be more potent against the tested ear pathogens compared to the standard herbal ear drop (Kan pip), showing a great potential to be developed as a herbal ear drop to control microbial ear infections.

## CONCLUSION

The present investigation revealed that the acetonic extracts of *T. chebula* showed promising antibacterial activity against all the tested bacterial ear pathogens, which explains its use in traditional system of medicines. *T. chebula* can be employed as a source of natural antimicrobials that can serve as an alternative to conventional medicines. However, further experiments, including phytochemical analysis, are needed to identify the active constituents responsible for the observed antibacterial activity and *in vivo* studies on this plant to determine its toxicity and their pharmacokinetics properties, for therapeutic utility in treating otitis externa infections.

## ACKNOWLEDGMENTS

The authors are thankful to Dr. Vashishta BD, Chairman, Department of Botany, Kurukshetra University, Kurukshetra, for rendering help in confirmation of the identification of the plant.

## COMMENTS

### Background

The incidence of otitis externa is mainly found in tropical areas of the world and in most of the patients visiting the ear, nose and throat clinics.

### Research frontiers

Presently, most of us are consuming antibiotics for every ailment but misuse and overuse of these antibiotics leads to the development of antimicrobial resistance. So, to combat the antimicrobial resistance, the authors in this study evaluated the antimicrobial potential of a plant compared to the ear drops.

### Innovations and breakthroughs

This recent study has highlighted the significance of a herbal plant [*Terminalia chebula* (*T. chebula*) fruit] extract for treating a bacterial ear infection. Fruit extract of *T. chebula* displayed a broad spectrum activity against all the tested bacterial pathogens. This is the first study showing the use of *T. chebula* fruit extracts against the pathogens causing otitis infection.

### Applications

This study suggested that the fruit extract of *T. chebula* can be used for treating bacterial otitis infection. This fruit extract can be developed as a herbal ear drop or be used in any other formulation for human beings, after testing its toxicity and pharmacokinetics properties.

### Terminology

Otitis externa: refers to a spectrum of infections of the external auditory canal and auricle; Otorrhea: any flowing/drainage/discharge from the ear; Pruritus: itching/irritation of the skin; Erythema: redness of the skin.

### Peer review

This is a good descriptive study in which the authors evaluated the antibacterial

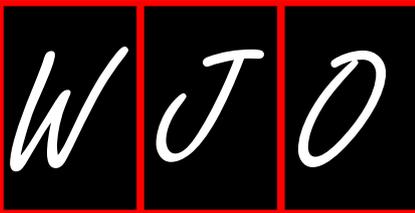
potential of herbal plants and compare it with locally available ear drops. The results are interesting, with acetonic fruit extracts of *T. chebula* displaying more antibacterial activity compared to Ayurvedic ear drops, Kan pip. Hence, this extract can be used as a therapeutic substance that could be used in the pharmaceutical industry for treating otitis and other infections.

## REFERENCES

- 1 Nogueira JC, Melo Diniz Mde F, Lima EO, Lima ZN. Identification and antimicrobial susceptibility of acute external otitis microorganisms. *Braz J Otorhinolaryngol* 2008; **74**: 526-530
- 2 Osguthorpe JD, Nielsen DR. Otitis externa: Review and clinical update. *Am Fam Physician* 2006; **74**: 1510-1516
- 3 Ong YK, Chee G. Infections of the external ear. *Ann Acad Med Singapore* 2005; **34**: 330-334
- 4 Aneja KR, Sharma C, Joshi R. Fungal infection of the ear: a common problem in the north eastern part of Haryana. *Int J Pediatr Otorhinolaryngol* 2010; **74**: 604-607
- 5 Clark WB, Brook I, Bianki D, Thompson DH. Microbiology of otitis externa. *Otolaryngol Head Neck Surg* 1997; **116**: 23-25
- 6 Hawke M, Wong J, Krajden S. Clinical and microbiological features of otitis externa. *J Otolaryngol* 1984; **13**: 289-295
- 7 Sharma A, Meena S and Barman N. Efficacy of ethyl acetate and ether extract of Terminalia chebula Retz against some human pathogenic strains. *Inter J Pharm Tech Res* 2011; **3**: 724-727
- 8 Dubey NK, Kumar R, Tripathi P. Global promotion of herbal medicine: India's opportunity. *Curr Sci* 2004; **86**: 37-41
- 9 Chattopadhyay RR, Bhattacharyya SK. Terminalia chebula: An update. *Pharmacog Rev* 2007; **1**: 151-156
- 10 Chattopadhyay RR, Bhattacharyya SK, Medda C, Chanda S, Datta S, Pal NK. Antibacterial activity of black myrobalan (Fruit of Terminalia chebula Retz.) against uropathogen *Escherichia coli*. *Pharmacog Mag* 2007; **11**: 212-215
- 11 Kirtikar KR, Basu BD. Terminalia chebula. In: Indian Medicinal Plants. 2nd ed. Allahabad: Lotit Mohan Basu Publication, 1954: 456-458
- 12 Anonymous. Indian Herbal Pharmacopoeia. Mumbai: Regional Research Laboratory, Jammutwai and Indian Drug Manufacturers Association, 1999: 51
- 13 Khanna AK, Chander R, Kapoor NK, Singh C, Srivastava AK. Hypolipidemic activity of Terminalia chebula in rats. *Fitoterapia* 1993; **64**: 351-356
- 14 Kirtikar KR, Basu BD. Indian Materia Medica. Dehradun: International Book distributors, 1987: 333-335
- 15 Lee HS, Jung SH, Yun BS, Lee KW. Isolation of chebulic acid from Terminalia chebula Retz. and its antioxidant effect in isolated rat hepatocytes. *Arch Toxicol* 2007; **81**: 211-218
- 16 Tasduq SA, Singh K, Satti NK, Gupta DK, Suri KA, Johri RK. Terminalia chebula (fruit) prevents liver toxicity caused by sub-chronic administration of rifampicin, isoniazid and pyrazinamide in combination. *Hum Exp Toxicol* 2006; **25**: 111-118
- 17 Chevallier. Encyclopedia of Medicinal Plants. New York: D.K. Publishing, 1996: 273
- 18 Bruneton J. Pharmacognosy, Phytochemistry, Medicinal Plants. Paris: Lavoisier Publishing, 1995: 333
- 19 Ber RM. Phytosterol in some plants materials. *Indian Sopa J* 1970; **35**: 275-277
- 20 Jayaramkumar K. Effect of geographical variation on content of tannic acid, gallic acid, chebulinic acid, and ethyl galate in Terminalia chebula fruits. *Nat Prod* 2006; **2**: 170-175
- 21 Juang LJ, Sheu SJ, Lin TC. Determination of hydrolyzable tannins in the fruit of Terminalia chebula Retz. by high-performance liquid chromatography and capillary electrophoresis. *J Sep Sci* 2004; **27**: 718-724
- 22 Creencia E, Eguchi T, Nishimura T, Kakinuma K. Isolation and structure elucidation of the biologically active components of Terminalia chebula Retzius (Combretaceae). *KIMI-*

- KA 1996; **12**: 1-10
- 23 **Asish P**, Sashi B. Triterpenoids and their glycosides from *Terminalia chebula*. *Phytochem* 1993; **32**: 999-1002
  - 24 **Aneja KR**, Sharma C. Antimicrobial potential of fruit extracts of *Elettaria Cardamomum Maton* (Chhoti elaichi) against the pathogens Causing ear infection. *Pharmacologyonl* 2010; **3**: 750-756
  - 25 **Lawongsa P**, Boonkerd N, Wongkaew SO, Gara F, Teaumroong N. Molecular and phenotypic characterization of potential plant growth-promoting *Pseudomonas* from rice and maize rhizospheres. *World J Microbiol Biotechnol* 2008; **24**: 1877-1884
  - 26 **Cappuccino JG**, Sherman N. Microbiology Lab Manual. 7th ed. San Francisco: Benjamin Cummings Publishing Company, 2008
  - 27 **Aneja KR**. Experiments in Microbiology, Plant Pathology and Biotechnology. 4th ed. New Delhi: New Age International Publishers, 2003
  - 28 **Das K**, Tiwari RKS, Shrivastava DK. Techniques for evaluation of medicinal plant products as antimicrobial agent: Current methods and future trends. *J Med Plants Res* 2010; **4**: 104-111
  - 29 **Ncube NS**, Afolayan AJ, Okoh AI. Assessment techniques of antimicrobial properties of natural compounds of plant origin: current methods and future trends. *Afr J Biotechnol* 2008; **7**: 1797-1806
  - 30 **Mann A**, Banso A, Clifford LC. An antifungal property of crude plant extracts from *Anogeissus leiocarpus* and *Terminalia avicennioides*. *Tanzan J Health Res* 2008; **10**: 34-38
  - 31 **Doughari JH**, Obidah JS. In vitro antifungal activity of stem bark extracts of *Leptadenia lancifolia*. *Int J Integrative Biol* 2008; **3**: 111-117
  - 32 **Murray M**. The healing power of Herbs. Rocklin: Prima Publishing, 1995: 162-171
  - 33 **Natarajan E**, Senthilkumar S, Francis Xavier T, Kalaiselvi V. Antibacterial activities of leaf extracts of *Alangium salviifolium*. *J Trop Med Plants* 2003; **4**: 9-13
  - 34 **Yoshikazu S**, Murata H, Nakanishi T, Inatomi Y. Inhibitory effect of plant extracts on production of Verotoxin by enterohemorrhagic *Escherichia coli* O157: H7. *J Health Sci* 2001; **47**: 473-477
  - 35 **Herrera RM**, Perez M, Martin-Herrera DA, Lopez-Garcia R, Rabanal RM. Antimicrobial activity of extracts from plants endemic to the Canary Islands. *Phytother Res* 1996; **10**: 364-366
  - 36 **Kannan P**, Ramadevi SR, Waheeta Hopper. Antibacterial activity of *Terminalia chebula* fruit extract. *Afr J Microbiol Res* 2009; **3**: 180-184
  - 37 **Ahmad I**, Mehmood Z, Mohammad F. Screening of some Indian medicinal plants for their antimicrobial properties. *J Ethnopharmacol* 1998; **62**: 183-193
  - 38 **Phadke SA**, Kulkarni SD. Screening of in vitro antibacterial activity of *Terminalia chebula*, *Eclapta alba* and *Ocimum sanctum*. *Indian J Med Sci* 1989; **43**: 113-117
  - 39 **Yao J**, Moellering R. Antibacterial agents. In: Murray P, Baron E, Pfaller M, Tenover F, Tenover F, editors. Manual of clinical microbiology. Washington: ASM, 1995: 1281-1290
  - 40 **Nair R**, T Kalariya, C Sumitra. Antibacterial activity of some selected Indian medicinal plants. *Tur J Biol* 2005; **29**: 41-47
  - 41 **Cowan MM**. Plant products as antimicrobial agents. *Clin Microbiol Rev* 1999; **12**: 564-582
  - 42 **Eloff JN**. Which extractant should be used for the screening and isolation of antimicrobial components from plants? *J Ethnopharmacol* 1998; **60**: 1-8

S- Editor Wu X L- Editor Roemmele A E- Editor Zhang DN

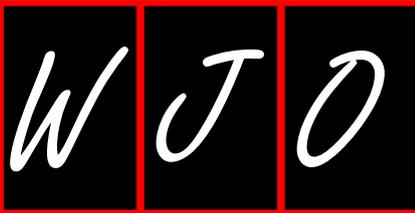


## Acknowledgments to reviewers of *World Journal of Otorhinolaryngology*

Many reviewers have contributed their expertise and time to the peer review, a critical process to ensure the quality of *World Journal of Otorhinolaryngology*. The editors and authors of the articles submitted to the journal are grateful to the following reviewers for evaluating the articles (including those published in this issue and those rejected for this issue) during the last editing time period.

**Francesco Dispenza, MD, PhD**, Department of Otorhinolaryngology, Hospital S Giovanni di Dio ASP Agrigento, Via Oreto 339, 90124 Palermo, Italy

**Nuray Bayar Muluk, MD, Professor**, Department of Otorhinolaryngology, Kırıkkale University, Ankara 06610, Turkey



## Events Calendar 2012

January 26-28, 2012  
Multidisciplinary Head and Neck  
Cancer Symposium  
Phoenix, AZ, United States

January 27-28, 2012  
Advanced Otology Update  
workshop  
Surat, India

February 1, 2012  
2nd Vestibular Assessment and  
Rehabilitation Therapy Course,  
University of Cape Town, South  
Africa

March 11-13, 2012  
5th International Congress on Ear  
Reconstruction  
Sydney, Australia

April 18-22, 2012  
Combined Otolaryngology Spring  
Meeting  
San Diego, CA, United States

April 26-May 28, 2012  
10th International  
Otorhinolaryngology Head and  
Neck Surgery Congress  
Ankara, Turkey

May 3-5, 2012  
12th International Conference  
on Cochlear Implants and other  
Implantable Auditor  
Baltimore, MD, United States

May 13-18, 2012  
Acoustics 2012  
Hong Kong, China

May 20-23, 2012  
11th International Congress of  
the European Society of Pediatric  
Otorhinolaryngology  
Amsterdam, The Netherlands

May 23-24, 2012  
7th Global Otology-Neurotology  
Live Surgical Broadcast, Europe  
Utrecht, The Netherlands

June 3-7, 2012  
9th International Conference on  
Cholesteatoma and Ear Surgery  
Nagasaki, Japan

July 25-27, 2012  
Frontiers in Otorhinolaryngology  
Conference  
Melbourne, Australia

July 26-28, 2012  
Open Forum (formerly Sinus Forum)  
New York, NY, United States

**GENERAL INFORMATION**

*World Journal of Otorhinolaryngology* (*World J Otorhinolaryngol*, *WJO*, online ISSN 2218-6247, DOI: 10.5319) is a bimonthly peer-reviewed, online, open-access (OA), journal supported by an editorial board consisting of 100 experts in otorhinolaryngology from 26 countries.

The biggest advantage of the OA model is that it provides free, full-text articles in PDF and other formats for experts and the public without registration, which eliminates the obstacle that traditional journals possess and usually delays the speed of the propagation and communication of scientific research results. The open access model has been proven to be a true approach that may achieve the ultimate goal of the journals, i.e. the maximization of the value to the readers, authors and society.

**Maximization of personal benefits**

The role of academic journals is to exhibit the scientific levels of a country, a university, a center, a department, and even a scientist, and build an important bridge for communication between scientists and the public. As we all know, the significance of the publication of scientific articles lies not only in disseminating and communicating innovative scientific achievements and academic views, as well as promoting the application of scientific achievements, but also in formally recognizing the "priority" and "copyright" of innovative achievements published, as well as evaluating research performance and academic levels. So, to realize these desired attributes of *WJO* and create a well-recognized journal, the following four types of personal benefits should be maximized. The maximization of personal benefits refers to the pursuit of the maximum personal benefits in a well-considered optimal manner without violation of the laws, ethical rules and the benefits of others. (1) Maximization of the benefits of editorial board members: The primary task of editorial board members is to give a peer review of an unpublished scientific article via online office system to evaluate its innovativeness, scientific and practical values and determine whether it should be published or not. During peer review, editorial board members can also obtain cutting-edge information in that field at first hand. As leaders in their field, they have priority to be invited to write articles and publish commentary articles. We will put peer reviewers' names and affiliations along with the article they reviewed in the journal to acknowledge their contribution; (2) Maximization of the benefits of authors: Since *WJO* is an open-access journal, readers around the world can immediately download and read, free of charge, high-quality, peer-reviewed articles from *WJO* official website, thereby realizing the goals and significance of the communication between authors and peers as well as public reading; (3) Maximization of the benefits of readers: Readers can read or use, free of charge, high-quality peer-reviewed articles without any limits, and cite the arguments, viewpoints, concepts, theories, methods, results, conclusion or facts and data of pertinent literature so as to validate the innovativeness, scientific and practical values of their own research achievements, thus ensuring that their articles have novel arguments or viewpoints, solid evidence and correct conclusion; and (4) Maximization of the benefits of employees: It is an iron law that a first-class journal is unable to exist without first-class editors, and only first-class editors can create a first-class academic journal. We insist on strengthening our team cultivation and construction so that every employee, in an open, fair and transparent environment, could contribute their

wisdom to edit and publish high-quality articles, thereby realizing the maximization of the personal benefits of editorial board members, authors and readers, and yielding the greatest social and economic benefits.

**Aims and scope**

The aim of *WJO* is to report rapidly new theories, methods and techniques for prevention, diagnosis, treatment, rehabilitation and nursing in the field of otorhinolaryngology. *WJO* covers diagnostic imaging, endoscopy, rhinology, pharyngology, laryngology, tracheo-esophagology, otology, tracheology, cancer, nasal symptomatology, congenital nasal diseases, inflammatory diseases of the external nose, rhinitis, allergic rhinitis, nasal polyps, nasal septal diseases, nasal bleeding, nasal or sinus foreign bodies, sinusitis, rhinogenic complications, traditional medicine, integrated Chinese and Western medicine, evidence-based medicine, epidemiology and nursing. The journal also publishes original articles and reviews that report the results of applied and basic research in fields related to otorhinolaryngology, such as immunology, physiopathology, cell biology, pharmacology, medical genetics, and pharmacology of Chinese herbs.

**Columns**

The columns in the issues of *WJO* will include: (1) Editorial: To introduce and comment on the substantial advance and its importance in the fast-developing areas; (2) Frontier: To review the most representative achievements and comment on the current research status in the important fields, and propose directions for the future research; (3) Topic Highlight: This column consists of three formats, including (A) 10 invited review articles on a hot topic, (B) a commentary on common issues of this hot topic, and (C) a commentary on the 10 individual articles; (4) Observation: To update the development of old and new questions, highlight unsolved problems, and provide strategies on how to solve the questions; (5) Guidelines for Clinical Practice: To provide guidelines for clinical diagnosis and treatment; (6) Review: To systemically review the most representative progress and unsolved problems in the major scientific disciplines, comment on the current research status, and make suggestions on the future work; (7) Original Articles: To originally report the innovative and valuable findings in otorhinolaryngology; (8) Brief Articles: To briefly report the novel and innovative findings in otorhinolaryngology; (9) Case Report: To report a rare or typical case; (10) Letters to the Editor: To discuss and make reply to the contributions published in *WJO*, or to introduce and comment on a controversial issue of general interest; (11) Book Reviews: To introduce and comment on quality monographs of otorhinolaryngology; and (12) Guidelines: To introduce consensus and guidelines reached by international and national academic authorities worldwide on the research in otorhinolaryngology.

**Name of journal**

*World Journal of Otorhinolaryngology*

**ISSN**

ISSN 2218-6247 (online)

**Editor-in-chief**

**Steven J Wang, MD, FACS, Associate Professor** in Residence, Department of Otolaryngology-Head and Neck Surgery, University of California, San Francisco, 2233 Post St, 3rd Floor-Box 1225, San Francisco, CA 94115, United States

## Instructions to authors

**Tsutomu Nakashima, MD, PhD, Professor**, Department of Otorhinolaryngology, Nagoya University Graduate School of Medicine, 65, Tsurumai-cho, Showa-ku, Nagoya 466-8550, Japan

### Editorial office

*World Journal of Otorhinolaryngology*

Room 903, Building D, Ocean International Center,

No. 62 Dongsihuan Zhonglu, Chaoyang District,

Beijing 100025, China

Telephone: +86-10-85381892

Fax: +86-10-85381893

E-mail: [wjotorhinology@wjgnet.com](mailto:wjotorhinology@wjgnet.com)

<http://www.wjgnet.com>

### Indexed and abstracted in

Digital Object Identifier

### Published by

Baishideng Publishing Group Co., Limited

---

## SPECIAL STATEMENT

All articles published in this journal represent the viewpoints of the authors except where indicated otherwise.

### Biostatistical editing

Statistical review is performed after peer review. We invite an expert in Biomedical Statistics from to evaluate the statistical method used in the paper, including *t*-test (group or paired comparisons), chi-squared test, Riddit, probit, logit, regression (linear, curvilinear, or stepwise), correlation, analysis of variance, analysis of covariance, *etc.* The reviewing points include: (1) Statistical methods should be described when they are used to verify the results; (2) Whether the statistical techniques are suitable or correct; (3) Only homogeneous data can be averaged. Standard deviations are preferred to standard errors. Give the number of observations and subjects (*n*). Losses in observations, such as drop-outs from the study should be reported; (4) Values such as ED50, LD50, IC50 should have their 95% confidence limits calculated and compared by weighted probit analysis (Bliss and Finney); and (5) The word 'significantly' should be replaced by its synonyms (if it indicates extent) or the *P* value (if it indicates statistical significance).

### Conflict-of-interest statement

In the interests of transparency and to help reviewers assess any potential bias, *WJO* requires authors of all papers to declare any competing commercial, personal, political, intellectual, or religious interests in relation to the submitted work. Referees are also asked to indicate any potential conflict they might have reviewing a particular paper. Before submitting, authors are suggested to read "Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Ethical Considerations in the Conduct and Reporting of Research: Conflicts of Interest" from International Committee of Medical Journal Editors (ICMJE), which is available at: [http://www.icmje.org/ethical\\_4conflicts.html](http://www.icmje.org/ethical_4conflicts.html).

Sample wording: [Name of individual] has received fees for serving as a speaker, a consultant and an advisory board member for [names of organizations], and has received research funding from [names of organization]. [Name of individual] is an employee of [name of organization]. [Name of individual] owns stocks and shares in [name of organization]. [Name of individual] owns patent [patent identification and brief description].

### Statement of informed consent

Manuscripts should contain a statement to the effect that all human studies have been reviewed by the appropriate ethics committee or it should be stated clearly in the text that all persons gave their informed consent prior to their inclusion in the study. Details that might disclose the identity of the subjects under study should be omitted. Authors should also draw attention to the Code of Ethics of the World Medi-

cal Association (Declaration of Helsinki, 1964, as revised in 2004).

### Statement of human and animal rights

When reporting the results from experiments, authors should follow the highest standards and the trial should conform to Good Clinical Practice (for example, US Food and Drug Administration Good Clinical Practice in FDA-Regulated Clinical Trials; UK Medicines Research Council Guidelines for Good Clinical Practice in Clinical Trials) and/or the World Medical Association Declaration of Helsinki. Generally, we suggest authors follow the lead investigator's national standard. If doubt exists whether the research was conducted in accordance with the above standards, the authors must explain the rationale for their approach and demonstrate that the institutional review body explicitly approved the doubtful aspects of the study.

Before submitting, authors should make their study approved by the relevant research ethics committee or institutional review board. If human participants were involved, manuscripts must be accompanied by a statement that the experiments were undertaken with the understanding and appropriate informed consent of each. Any personal item or information will not be published without explicit consents from the involved patients. If experimental animals were used, the materials and methods (experimental procedures) section must clearly indicate that appropriate measures were taken to minimize pain or discomfort, and details of animal care should be provided.

---

## SUBMISSION OF MANUSCRIPTS

Manuscripts should be typed in 1.5 line spacing and 12 pt. Book Antiqua with ample margins. Number all pages consecutively, and start each of the following sections on a new page: Title Page, Abstract, Introduction, Materials and Methods, Results, Discussion, Acknowledgements, References, Tables, Figures, and Figure Legends. Neither the editors nor the publisher are responsible for the opinions expressed by contributors. Manuscripts formally accepted for publication become the permanent property of Baishideng Publishing Group Co., Limited, and may not be reproduced by any means, in whole or in part, without the written permission of both the authors and the publisher. We reserve the right to copy-edit and put onto our website accepted manuscripts. Authors should follow the relevant guidelines for the care and use of laboratory animals of their institution or national animal welfare committee. For the sake of transparency in regard to the performance and reporting of clinical trials, we endorse the policy of the ICMJE to refuse to publish papers on clinical trial results if the trial was not recorded in a publicly-accessible registry at its outset. The only register now available, to our knowledge, is <http://www.clinicaltrials.gov> sponsored by the United States National Library of Medicine and we encourage all potential contributors to register with it. However, in the case that other registers become available you will be duly notified. A letter of recommendation from each author's organization should be provided with the contributed article to ensure the privacy and secrecy of research is protected.

Authors should retain one copy of the text, tables, photographs and illustrations because rejected manuscripts will not be returned to the author(s) and the editors will not be responsible for loss or damage to photographs and illustrations sustained during mailing.

### Online submissions

Manuscripts should be submitted through the Online Submission System at: <http://www.wjgnet.com/2218-6247/office/>. Authors are highly recommended to consult the ONLINE INSTRUCTIONS TO AUTHORS ([http://www.wjgnet.com/2218-6247/g\\_info\\_20100722180338.htm](http://www.wjgnet.com/2218-6247/g_info_20100722180338.htm)) before attempting to submit online.

For assistance, authors encountering problems with the Online Submission System may send an email describing the problem to [wjotorhinology@wjgnet.com](mailto:wjotorhinology@wjgnet.com), or by telephone: +86-10-85381892. If you submit your manuscript online, do not make a postal contribution. Repeated online submission for the same manuscript is strictly prohibited.

## MANUSCRIPT PREPARATION

All contributions should be written in English. All articles must be submitted using word-processing software. All submissions must be typed in 1.5 line spacing and 12 pt. Book Antiqua with ample margins. Style should conform to our house format. Required information for each of the manuscript sections is as follows:

### Title page

**Title:** Title should be less than 12 words.

**Running title:** A short running title of less than 6 words should be provided.

**Authorship:** Authorship credit should be in accordance with the standard proposed by ICMJE, based on (1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3.

**Institution:** Author names should be given first, then the complete name of institution, city, province and postcode. For example, Xu-Chen Zhang, Li-Xin Mei, Department of Pathology, Chengde Medical College, Chengde 067000, Hebei Province, China. One author may be represented from two institutions, for example, George Sgourakis, Department of General, Visceral, and Transplantation Surgery, Essen 45122, Germany; George Sgourakis, 2nd Surgical Department, Korgialenio-Benakio Red Cross Hospital, Athens 15451, Greece

**Author contributions:** The format of this section should be: Author contributions: Wang CL and Liang L contributed equally to this work; Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research; Wang CL, Zou CC, Hong F and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents/analytic tools; Wang CL, Liang L and Fu JF analyzed the data; and Wang CL, Liang L and Fu JF wrote the paper.

**Supportive foundations:** The complete name and number of supportive foundations should be provided, e.g. Supported by National Natural Science Foundation of China, No. 30224801

**Correspondence to:** Only one corresponding address should be provided. Author names should be given first, then author title, affiliation, the complete name of institution, city, postcode, province, country, and email. All the letters in the email should be in lower case. A space interval should be inserted between country name and email address. For example, Montgomery Bissell, MD, Professor of Medicine, Chief, Liver Center, Gastroenterology Division, University of California, Box 0538, San Francisco, CA 94143, United States. montgomery.bissell@ucsf.edu

**Telephone and fax:** Telephone and fax should consist of +, country number, district number and telephone or fax number, e.g. Telephone: +86-10-85381892 Fax: +86-10-85381893

**Peer reviewers:** All articles received are subject to peer review. Normally, three experts are invited for each article. Decision for acceptance is made only when at least two experts recommend an article for publication. Reviewers for accepted manuscripts are acknowledged in each manuscript, and reviewers of articles which were not accepted will be acknowledged at the end of each issue. To ensure the quality of the articles published in *WJO*, reviewers of accepted manuscripts will be announced by publishing the name, title/position and institution of the reviewer in the footnote accompanying the printed article. For example, reviewers: Professor Jing-Yuan Fang, Shanghai Institute of Digestive Disease, Shanghai, Affiliated Renji Hospital, Medical Faculty, Shanghai Jiaotong University, Shanghai, China; Professor Xin-Wei Han, Department of

Radiology, The First Affiliated Hospital, Zhengzhou University, Zhengzhou, Henan Province, China; and Professor Anren Kuang, Department of Nuclear Medicine, Huaxi Hospital, Sichuan University, Chengdu, Sichuan Province, China.

### Abstract

There are unstructured abstracts (no less than 256 words) and structured abstracts (no less than 480). The specific requirements for structured abstracts are as follows:

An informative, structured abstracts of no less than 480 words should accompany each manuscript. Abstracts for original contributions should be structured into the following sections. AIM (no more than 20 words): Only the purpose should be included. Please write the aim as the form of "To investigate/study/..."; MATERIALS AND METHODS (no less than 140 words); RESULTS (no less than 294 words): You should present *P* values where appropriate and must provide relevant data to illustrate how they were obtained, e.g.  $6.92 \pm 3.86$  vs  $3.61 \pm 1.67$ ,  $P < 0.001$ ; CONCLUSION (no more than 26 words).

### Key words

Please list 5-10 key words, selected mainly from *Index Medicus*, which reflect the content of the study.

### Text

For articles of these sections, original articles and brief articles, the main text should be structured into the following sections: INTRODUCTION, MATERIALS AND METHODS, RESULTS and DISCUSSION, and should include appropriate Figures and Tables. Data should be presented in the main text or in Figures and Tables, but not in both. The main text format of these sections, editorial, topic highlight, case report, letters to the editors, can be found at: [http://www.wjnet.com/2218-6247/g\\_info\\_list.htm](http://www.wjnet.com/2218-6247/g_info_list.htm).

### Illustrations

Figures should be numbered as 1, 2, 3, *etc.*, and mentioned clearly in the main text. Provide a brief title for each figure on a separate page. Detailed legends should not be provided under the figures. This part should be added into the text where the figures are applicable. Figures should be either Photoshop or Illustrator files (in tiff, eps, jpeg formats) at high-resolution. Examples can be found at: <http://www.wjnet.com/1007-9327/13/4520.pdf>; <http://www.wjnet.com/1007-9327/13/4554.pdf>; <http://www.wjnet.com/1007-9327/13/4891.pdf>; <http://www.wjnet.com/1007-9327/13/4986.pdf>; <http://www.wjnet.com/1007-9327/13/4498.pdf>. Keeping all elements compiled is necessary in line-art image. Scale bars should be used rather than magnification factors, with the length of the bar defined in the legend rather than on the bar itself. File names should identify the figure and panel. Avoid layering type directly over shaded or textured areas. Please use uniform legends for the same subjects. For example: Figure 1 Pathological changes in atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...*etc.* It is our principle to publish high resolution-figures for the printed and E-versions.

### Tables

Three-line tables should be numbered 1, 2, 3, *etc.*, and mentioned clearly in the main text. Provide a brief title for each table. Detailed legends should not be included under tables, but rather added into the text where applicable. The information should complement, but not duplicate the text. Use one horizontal line under the title, a second under column heads, and a third below the Table, above any footnotes. Vertical and italic lines should be omitted.

### Notes in tables and illustrations

Data that are not statistically significant should not be noted. <sup>a</sup>*P* < 0.05, <sup>b</sup>*P* < 0.01 should be noted (*P* > 0.05 should not be noted). If there are other series of *P* values, <sup>c</sup>*P* < 0.05 and <sup>d</sup>*P* < 0.01 are used. A third series of *P* values can be expressed as <sup>e</sup>*P* < 0.05 and <sup>f</sup>*P* < 0.01. Other notes in tables or under illustrations should be expressed as

## Instructions to authors

<sup>1</sup>F, <sup>2</sup>F, <sup>3</sup>F; or sometimes as other symbols with a superscript (Arabic numerals) in the upper left corner. In a multi-curve illustration, each curve should be labeled with ●, ○, ■, □, ▲, △, etc., in a certain sequence.

### Acknowledgments

Brief acknowledgments of persons who have made genuine contributions to the manuscript and who endorse the data and conclusions should be included. Authors are responsible for obtaining written permission to use any copyrighted text and/or illustrations.

## REFERENCES

### Coding system

The author should number the references in Arabic numerals according to the citation order in the text. Put reference numbers in square brackets at the end of citation content or after the cited author's name. For citation content which is part of the narration, the coding number and square brackets should be typeset normally. For example, "Crohn's disease (CD) is associated with increased intestinal permeability<sup>[1,2]</sup>". If references are cited directly in the text, they should be put together within the text, for example, "From references<sup>[19,22-24]</sup>, we know that..."

When the authors write the references, please ensure that the order in text is the same as in the references section, and also ensure the spelling accuracy of the first author's name. Do not list the same citation twice.

### PMID and DOI

Please provide PubMed citation numbers to the reference list, e.g. PMID and DOI, which can be found at <http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed> and <http://www.crossref.org/SimpleTextQuery/>, respectively. The numbers will be used in E-version of this journal.

### Style for journal references

Authors: the name of the first author should be typed in bold-faced letters. The family name of all authors should be typed with the initial letter capitalized, followed by their abbreviated first and middle initials. (For example, Lian-Sheng Ma is abbreviated as Ma LS, Bo-Rong Pan as Pan BR). The title of the cited article and italicized journal title (journal title should be in its abbreviated form as shown in PubMed), publication date, volume number (in black), start page, and end page [PMID: 11819634 DOI: 10.3748/wjg.13.5396].

### Style for book references

Authors: the name of the first author should be typed in bold-faced letters. The surname of all authors should be typed with the initial letter capitalized, followed by their abbreviated middle and first initials. (For example, Lian-Sheng Ma is abbreviated as Ma LS, Bo-Rong Pan as Pan BR) Book title. Publication number. Publication place: Publication press, Year: start page and end page.

### Format

#### Journals

*English journal article (list all authors and include the PMID where applicable)*

- 1 **Jung EM**, Clevert DA, Schreyer AG, Schmitt S, Rennert J, Kubale R, Feuerbach S, Jung F. Evaluation of quantitative contrast harmonic imaging to assess malignancy of liver tumors: A prospective controlled two-center study. *World J Gastroenterol* 2007; **13**: 6356-6364 [PMID: 18081224 DOI: 10.3748/wjg.13.6356]

*Chinese journal article (list all authors and include the PMID where applicable)*

- 2 **Lin GZ**, Wang XZ, Wang P, Lin J, Yang FD. Immunologic effect of Jianpi Yishen decoction in treatment of Pixu-diarhoea. *Shijie Huaren Xiaohua Zazhi* 1999; **7**: 285-287

*In press*

- 3 **Tian D**, Araki H, Stahl E, Bergelson J, Kreitman M. Signature of balancing selection in Arabidopsis. *Proc Natl Acad Sci USA* 2006; In press

*Organization as author*

- 4 **Diabetes Prevention Program Research Group**. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension* 2002; **40**: 679-686 [PMID: 12411462 PMID:2516377 DOI:10.1161/01.HYP.0000035706.28494.09]

*Both personal authors and an organization as author*

- 5 **Vallancien G**, Emberton M, Harving N, van Moorselaar RJ; Alf-One Study Group. Sexual dysfunction in 1, 274 European men suffering from lower urinary tract symptoms. *J Urol* 2003; **169**: 2257-2261 [PMID: 12771764 DOI:10.1097/01.ju.0000067940.76090.73]

*No author given*

- 6 21st century heart solution may have a sting in the tail. *BMJ* 2002; **325**: 184 [PMID: 12142303 DOI:10.1136/bmj.325.7357.184]

*Volume with supplement*

- 7 **Geraud G**, Spierings EL, Keywood C. Tolerability and safety of frovatriptan with short- and long-term use for treatment of migraine and in comparison with sumatriptan. *Headache* 2002; **42** Suppl 2: S93-99 [PMID: 12028325 DOI:10.1046/j.1526-4610.42.s2.7.x]

*Issue with no volume*

- 8 **Banit DM**, Kaufer H, Hartford JM. Intraoperative frozen section analysis in revision total joint arthroplasty. *Clin Orthop Relat Res* 2002; (**401**): 230-238 [PMID: 12151900 DOI:10.1097/00003086-200208000-00026]

*No volume or issue*

- 9 Outreach: Bringing HIV-positive individuals into care. *HRS-A Careaction* 2002; 1-6 [PMID: 12154804]

### Books

*Personal author(s)*

- 10 **Sherlock S**, Dooley J. Diseases of the liver and biliary system. 9th ed. Oxford: Blackwell Sci Pub, 1993: 258-296

*Chapter in a book (list all authors)*

- 11 **Lam SK**. Academic investigator's perspectives of medical treatment for peptic ulcer. In: Swabb EA, Azabo S. Ulcer disease: investigation and basis for therapy. New York: Marcel Dekker, 1991: 431-450

*Author(s) and editor(s)*

- 12 **Breedlove GK**, Schorheide AM. Adolescent pregnancy. 2nd ed. Wiczorek RR, editor. White Plains (NY): March of Dimes Education Services, 2001: 20-34

*Conference proceedings*

- 13 **Harnden P**, Joffe JK, Jones WG, editors. Germ cell tumours V. Proceedings of the 5th Germ cell tumours Conference; 2001 Sep 13-15; Leeds, UK. New York: Springer, 2002: 30-56

*Conference paper*

- 14 **Christensen S**, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming; 2002 Apr 3-5; Kinsdale, Ireland. Berlin: Springer, 2002: 182-191

**Electronic journal** (list all authors)

- 15 Morse SS. Factors in the emergence of infectious diseases. *Emerg Infect Dis* serial online, 1995-01-03, cited 1996-06-05; 1(1): 24 screens. Available from: URL: <http://www.cdc.gov/ncidod/eid/index.htm>

**Patent** (list all authors)

- 16 **Pagedas AC**, inventor; Ancel Surgical R&D Inc., assignee. Flexible endoscopic grasping and cutting device and positioning tool assembly. United States patent US 20020103498. 2002 Aug 1

### Statistical data

Write as mean ± SD or mean ± SE.

### Statistical expression

Express *t* test as *t* (in italics), *F* test as *F* (in italics), chi square test as

$\chi^2$  (in Greek), related coefficient as *r* (in italics), degree of freedom as  $\nu$  (in Greek), sample number as *n* (in italics), and probability as *P* (in italics).

### Units

Use SI units. For example: body mass, *m* (B) = 78 kg; blood pressure, *p* (B) = 16.2/12.3 kPa; incubation time, *t* (incubation) = 96 h; blood glucose concentration, *c* (glucose)  $6.4 \pm 2.1$  mmol/L; blood CEA mass concentration, *p* (CEA) = 8.6 24.5  $\mu\text{g/L}$ ; CO<sub>2</sub> volume fraction, 50 mL/L CO<sub>2</sub>, not 5% CO<sub>2</sub>; likewise for 40 g/L formaldehyde, not 10% formalin; and mass fraction, 8 ng/g, *etc.* Arabic numerals such as 23, 243, 641 should be read 23 243 641.

The format for how to accurately write common units and quantum numbers can be found at: [http://www.wjgnet.com/2218-6247/g\\_info\\_20100724224620.htm](http://www.wjgnet.com/2218-6247/g_info_20100724224620.htm).

### Abbreviations

Standard abbreviations should be defined in the abstract and on first mention in the text. In general, terms should not be abbreviated unless they are used repeatedly and the abbreviation is helpful to the reader. Permissible abbreviations are listed in Units, Symbols and Abbreviations: A Guide for Biological and Medical Editors and Authors (Ed. Baron DN, 1988) published by The Royal Society of Medicine, London. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, mAb, can be used directly without further explanation.

### Italics

Quantities: *t* time or temperature, *c* concentration, *A* area, *l* length, *m* mass, *V* volume.

Genotypes: *gyrA*, *arg 1*, *c myc*, *c fos*, *etc.*

Restriction enzymes: *EcoRI*, *HindI*, *BamHI*, *Kho I*, *Kpn I*, *etc.*

Biology: *H. pylori*, *E. coli*, *etc.*

### Examples for paper writing

**Editorial:** [http://www.wjgnet.com/2218-6247/g\\_info\\_20100724222358.htm](http://www.wjgnet.com/2218-6247/g_info_20100724222358.htm)

**Frontier:** [http://www.wjgnet.com/2218-6247/g\\_info\\_20100724222525.htm](http://www.wjgnet.com/2218-6247/g_info_20100724222525.htm)

**Topic highlight:** [http://www.wjgnet.com/2218-6247/g\\_info\\_20100724222638.htm](http://www.wjgnet.com/2218-6247/g_info_20100724222638.htm)

**Observation:** [http://www.wjgnet.com/2218-6247/g\\_info\\_20100724222802.htm](http://www.wjgnet.com/2218-6247/g_info_20100724222802.htm)

**Guidelines for basic research:** [http://www.wjgnet.com/2218-6247/g\\_info\\_20100724223311.htm](http://www.wjgnet.com/2218-6247/g_info_20100724223311.htm)

**Guidelines for clinical practice:** [http://www.wjgnet.com/2218-6247/g\\_info\\_20100724222911.htm](http://www.wjgnet.com/2218-6247/g_info_20100724222911.htm)

**Review:** [http://www.wjgnet.com/2218-6247/g\\_info\\_20100724223439.htm](http://www.wjgnet.com/2218-6247/g_info_20100724223439.htm)

**Original articles:** [http://www.wjgnet.com/2218-6247/g\\_info\\_20100724223604.htm](http://www.wjgnet.com/2218-6247/g_info_20100724223604.htm)

**Brief articles:** [http://www.wjgnet.com/2218-6247/g\\_info\\_20100724223728.htm](http://www.wjgnet.com/2218-6247/g_info_20100724223728.htm)

**Case report:** [http://www.wjgnet.com/2218-6247/g\\_info\\_20100724223843.htm](http://www.wjgnet.com/2218-6247/g_info_20100724223843.htm)

**Letters to the editor:** [http://www.wjgnet.com/2218-6247/g\\_info\\_20100724224002.htm](http://www.wjgnet.com/2218-6247/g_info_20100724224002.htm)

**Book reviews:** [http://www.wjgnet.com/2218-6247/g\\_info\\_20100724224045.htm](http://www.wjgnet.com/2218-6247/g_info_20100724224045.htm)

**Guidelines:** [http://www.wjgnet.com/2218-6247/g\\_info\\_20100724224131.htm](http://www.wjgnet.com/2218-6247/g_info_20100724224131.htm)

## SUBMISSION OF THE REVISED MANUSCRIPTS AFTER ACCEPTED

Please revise your article according to the revision policies of *WJO*. The revised version including manuscript and high-resolution image figures (if any) should be re-submitted online (<http://www.wjgnet.com/2218-6247office/>). The author should send the copyright transfer letter, responses to the reviewers, English language Grade B certificate (for non-native speakers of English) and final manuscript checklist to [wjotorhinology@wjgnet.com](mailto:wjotorhinology@wjgnet.com).

### Language evaluation

The language of a manuscript will be graded before it is sent for revision. (1) Grade A: priority publishing; (2) Grade B: minor language polishing; (3) Grade C: a great deal of language polishing needed; and (4) Grade D: rejected. Revised articles should reach Grade A or B.

### Copyright assignment form

Please download a Copyright assignment form from [http://www.wjgnet.com/2218-6247/g\\_info\\_20100724224507.htm](http://www.wjgnet.com/2218-6247/g_info_20100724224507.htm).

### Responses to reviewers

Please revise your article according to the comments/suggestions provided by the reviewers. The format for responses to the reviewers' comments can be found at: [http://www.wjgnet.com/2218-6247/g\\_info\\_20100724224317.htm](http://www.wjgnet.com/2218-6247/g_info_20100724224317.htm).

### Proof of financial support

For paper supported by a foundation, authors should provide a copy of the document and serial number of the foundation.

### Links to documents related to the manuscript

*WJO* will be initiating a platform to promote dynamic interactions between the editors, peer reviewers, readers and authors. After a manuscript is published online, links to the PDF version of the submitted manuscript, the peer-reviewers' report and the revised manuscript will be put on-line. Readers can make comments on the peer reviewer's report, authors' responses to peer reviewers, and the revised manuscript. We hope that authors will benefit from this feedback and be able to revise the manuscript accordingly in a timely manner.

### Science news releases

Authors of accepted manuscripts are suggested to write a science news item to promote their articles. The news will be released rapidly at EurekAlert/AAAS (<http://www.eurekalert.org>). The title for news items should be less than 90 characters; the summary should be less than 75 words; and main body less than 500 words. Science news items should be lawful, ethical, and strictly based on your original content with an attractive title and interesting pictures.

### Publication fee

*WJO* is an international, peer-reviewed, OA, online journal. Articles published by this journal are distributed under the terms of the Creative Commons Attribution Non-commercial License, which permits use, distribution, and reproduction in any medium, provided the original work is properly cited, the use is non commercial and is otherwise in compliance with the license. Authors of accepted case report must pay a publication fee. The related standards are as follows. Publication fee: 1300 USD per article; Reprints fee: 350 USD per 100 reprints, including postage cost. Editorial, topic highlights, original articles, brief articles, book reviews and letters to the editor are published free of charge.