INTRODUCTION

The purpose of the International Journal of Pediatric Otorhinolaryngology is to concentrate and disseminate information concerning prevention, cure and care of otorhinolaryngological disorders in infants and children due to developmental, degenerative, infectious, neoplastic, traumatic, social, psychiatric and economic causes. The Journal provides a medium for clinical and basic contributions in all of the areas of pediatric otorhinolaryngology. This includes medical and surgical otology, bronchoesophagology, laryngology, rhinology, diseases of the head and neck, and disorders of communication, including voice, speech and language disorders.

Published in cooperation with the American Academy of Pediatrics Section on Otolaryngology and Bronchoesophagology, the Asociación Argentina de Otorrinolaringología y Fonoaudiología Pediátrica, the Association Française d’Otorhinolaryngologie Pédiatrique, the Australasian Society of Paediatric Oto-Rhino-Laryngology, the British Association for Paediatric Otorhinolaryngology, the Dutch/Flemish Working Group for Pediatric Otorhinolaryngology, the European Society for Pediatric Otorhinolaryngology, the Hungarian Society of Otorhinolaryngologists Section on Pediatric Otorhinolaryngology, the Interamerican Association of Pediatric Otorhinolaryngology, the Italian Society of Pediatric Otorhinolaryngology, the Japan Society for Pediatric Otorhinolaryngology, the Polish Society of Pediatric Otorhinolaryngology, and the Society for Ear, Nose and Throat Advances in Children.

AUDIENCE

Otorhinolaryngologists, Pediatricians, Speech and Hearing Specialists.

IMPACT FACTOR

2016: 1.159 © Thomson Reuters Journal Citation Reports 2017
ABSTRACTING AND INDEXING

BIOSIS
Elsevier BIOBASE
Current Advances in Cancer Research
Current Contents/Life Sciences
MEDLINE®
Index to Dental Literature
Index to Scientific Reviews
Index Copernicus
EMBASE
ENT News
Neuroscience Citation Index
Notiziario Bibliografico di Audiologia, ORL & Foniatria
Science Citation Index
Scopus

EDITORIAL BOARD

Editor-in-Chief
Robert Ruben, MD, Montefiore Medical Center, Albert Einstein College of Medicine, Bronx, New York, United States

Associate Editors
Ann Hermansson, MD, PhD, Lund University, Sweden
Yukiko Iino, MD, PhD, Tokyo-Kita Medical Center, Tokyo, Japan
Livije Kalogjera, PhD, University Hospital Center Sestre Milosrdnice, Zagreb, Croatia
Joseph E. Kerschner, MD, FACS, FAAP, Medical College of Wisconsin, Milwaukee, Wisconsin, United States
Thomas P. Nikolopoulos, MD, DM, PhD, University of Athens Medical School, Athens, Greece
Antonio Ysunza, MD, PhD, Beaumont Hospital, Troy, Michigan, United States

Senior Editors
Peter W. Alberti, MB, PhD, FRCSC, FRCS, Dept. of Otolaryngology, University of Toronto Mississauga, Mississauga, Ontario, Canada
Bruce Benjamin, OBE, FRACS, FAAP, DLO, Dept. of Otolaryngology, The University of Sydney, Sydney, New South Wales, Australia
Charles Bluestone, MD, Dept. of Otolaryngology, Children’s Hospital of Pittsburgh of UPMC, Pittsburgh, Pennsylvania, United States
Harvey Coates, AO, DM, MS, FRCSC, FRACS, DABO, School of Pediatrics and Child Health (SPACH), University of Western Australia, Nedlands, Western Australia, Australia
Robin Cotton, MD, FACS, FRCSC, Dept. of Pediatrics, Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, United States
Jose Eggermont, PhD, MSc, Dept. of Psychiatry, University of Calgary, Calgary, Alberta, Canada
Jaroslav Fajstavr, MD, Dept. of Otolaryngology, Charles University, Prague, Czech Republic
Gerald Healy, MD, FACS, FRCSI(h), FRCS(h), Children’s Hospital Boston, Harvard University, Boston, Massachusetts, United States
Jenő Hirschberg, MD, PhD, DSc, Dept. of Pediatric Otorhinolaryngology, St. John’s Hospital, Budapest, Hungary
Kimitaka Kaga, MD, PhD, Dept. of Otolaryngology, University of Tokyo, Tokyo, Japan
Pekka Karma, MD, PhD, Dept. of Otolaryngology, Helsinki University Central Hospital, Helsinki, Finland
Peter Koltai, MD, Dept. of Otolaryngology, Stanford University School of Medicine, Stanford, California, United States
A. Richard Maw, MD, MS, FRCS, Dept. of Pediatric Otolaryngology, Spire Bristol Hospital, Bristol, United Kingdom
Philippe Narcy, MD, Dept. of Otolaryngology, Hôpital Robert Debré, Paris, France
Perry Ogra, MD, Dept. of Pediatrics, University at Buffalo, Buffalo, New York, United States
Tauno Palva, MD, Dept. of Otolaryngology, University of Helsinki, Helsinki, Finland
Agnete Parving, MD, Dept. of Audiology, Bispebjerg Hospital, Kobenhavn NV, Denmark
Desidierio Passali, MD, PhD, Dept. of Audiology, Università degli Studi di Siena, Province of Siena, Italy
Wolfgang Pirsig, MD, Dept. of Otolaryngology, Universität Ulm, Ulm, Germany
William Potsic, MD, Dept. of Radiology, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, United States
C.A.J. Prescott, MD, Dept. of Otolaryngology, University of Cape Town, Cape Town, South Africa
Isabelle Rapin †, MD, Albert Einstein College of Medicine, Bronx, New York, United States
Robert Shprintzen, PhD, New York Upstate Medical University, Syracuse, New York, United States
Richard Smith, MD, Dept. of Otolaryngology, University of Iowa, Iowa City, Iowa, United States
C.D.A. Verwoerd, MD, PhD, Dept. of Otorhinolaryngology, Erasmus university Medical Center, Rotterdam, Netherlands

Editorial Board
Cuneyt Alper, MD, Dept. of Otolaryngology, Children's Hospital of Pittsburgh of UPMC, Pittsburgh, Pennsylvania, United States
Martin C. Bailey, BSc, FRCS, Dept. of ENT, Portland Hospital, Greater London, United Kingdom
Luisa M. Bellussi, MD, PhD, Università degli Studi di Siena, Siena SI, Italy
Paolo Campisi, Msc, MD, FRCSC, FAAP, Dept. of Otolaryngology, The Hospital for Sick Children (SickKids), Toronto, Ontario, Canada
Margaretha Casselbrant, MD, PhD, Divi. of Pediatric Otolaryngology, Children's Hospital of Pittsburgh of UPMC, Pittsburgh, Pennsylvania, United States
Mieczyslaw Chmielik, MD, Dept. of Otolaryngology, Medical University of Warsaw, Warsaw, Poland
Dan Choo, MD, Dept. of Otolaryngology – Head and Neck Surgery, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, United States
Robert Chun, MD, Dept. of Otolaryngology, Medical College of Wisconsin, Milwaukee, Wisconsin, United States
Cor W.R.J. Cremers, MD, Dept. of Otolaryngology, Radboudumc, Nijmegen, Netherlands
Michael Cunningham, MD, FACS, Harvard Medical School, Boston Children's Hospital, Boston, Massachusetts, United States
Sam Daniel, MDCM, FRCSC, MSc, Dept. of Otolaryngology - Head and Neck Surgery, McGill University, Montreal, Quebec, Canada
Francoise DeNoyelle, MD, PhD, Dept. of Pediatrics, Pierre-and-Marie-Curie University, Paris, France
Craig Derkay, MD, Children's Hospital of The King’s Daughters, Norfolk, Virginia, United States
Ronald Deskin, MD, Fac.of Ophthalmology, University of Texas Southwestern Medical Center, Dallas, Texas, United States
Joseph Dohar, MD, MS, FACS, FAAP, Dept. of Otolaryngology, Children's Hospital of Pittsburgh of UPMC, Pittsburgh, Pennsylvania, United States
Hamdy El-Hakim, FRCS (Ed), FRCS (ORL-HNS), Dept. of Surgery, University of Alberta, Edmonton, Alberta, Canada
Renato Fior †, MD, Trieste, Italy
Ellen Friedman, MD, Pediatric Otolaryngology, Baylor College of Medicine, Houston, Texas, United States
Patrick Froehlich, MD, Chiropractic, HealthPlex Chiropractic Clinic, Sioux Falls, South Dakota, United States
Erea-Noel Garabedian, MD, Dept. of Pediatric Otolaryngology, Armand-Trousseau Children Hospital, Paris, France
John Graham, MD, Dept. of Otolaryngology, ENT at 150, London, Wales, United Kingdom
Manfred Gross, MD, Dept. of Audiology and Phoniatrics, Charité - Universitätsmedizin Berlin, Berlin, Germany
Mark Hagard, PhD, Dept. of Psychology, University of Cambridge, Cambridge, United Kingdom
Christopher Hartnick, MD, Dept. of Otolaryngology, Massachusetts General Hospital, Boston, Massachusetts, United States
Elizabeth Hultcrantz, MD, PhD, Dept. of Clinical and Experimental Medicine, Linköpings Universitet, Linköping, Sweden
Stacey Ishman, MD, PhD, Dept. of Otolaryngology – Head and Neck Surgery, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, United States
Makoto Ito, MD, PhD, Pediatric Otolaryngology, Jichi Medical University, Tochigi, Japan
Chul Jang, MD, PhD, Dept. of Otolaryngology, Chonnam National University Medical School, Gwangju, The Republic of Korea
Peter Karkos, MD, Dept. of Otolaryngology, Freeman Hospital, Tyne and Wear, United Kingdom
Yusuf Kemaloglu, MD, Fac. of Dentistry, Gazi University, Ankara, Turkey
Margaret Kenna, MD, MPH, FACS, FAAP, Harvard Medical School, Boston Children’s Hospital, Boston, Massachusetts, United States
Paul Krakovitz, MD, Head and Neck Institute, Cleveland Clinic, Cleveland, Ohio, United States
Alberto Leiberman, MD, Dept. of Otolaryngology, Ben Gurion University of the Negev, Beer-Sheva, Israel
Scott Manning, MD, Dept. of Otolaryngology, Seattle Children’s Hospital, Seattle, Washington, United States
Paola Marchisio, MD, Fondazione IRRCCS Ca’ Granda-Ospedale Maggiore Policlinico, University of Milan, Milan, Italy
Harlan Muntz, MD, FACS, University Health Care, The University of Utah, Salt Lake City, Utah, United States
Charles Myer III, MD, Dept. of Otolaryngology – Head and Neck Surgery, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, United States
Grażyna Niedzielska, MD, PhD, Dept. of Pediatric Otolaryngology, Phoniatrics and Audiology, Children's Clinical Hospital, Lublin, Poland
Kazunori Nishizaki, MD, Dept. of Otolaryngology, Okayama University, Okayama Prefecture, Japan
Gerard M. O'DoNoghue, FRCSI, FRCS, Dept. of Otolaryngology, Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom
Bolajoko Olusanya, MBBS, FMCPaed, FRCPC, PhD, Dept. of Community Health & Primary Care, Phonics Hearing Centre, Lagos, Nigeria
Blake Papsin, MD, MSc, FRCSC, FACS, FAAP, Dept. of Otolaryngology, The Hospital for Sick Children (SickKids), Toronto, Ontario, Canada
James Post, MD, Dept. of Otolaryngology and Microbiology & Immunology, West Penn Allegheny Health System, Pittsburgh, Pennsylvania, United States
Seth Pransky, MD, Dept. of Pediatric Otorhinolaryngology, Children's Hospital and Health Center, San Diego, California, United States
Diego Preciado, MD, PhD, Dept. of Otolaryngology Head and Neck Surgery, Children's National Medical Center, Washington, DC, United States
Richard Rosenfeld, MD, MPH, Dept. of Otolaryngology, Downstate Medical Center, Brooklyn, New York, United States
Maroeska M. Rovers, PhD, Julius Centre for Health Sciences and Primary Care, Universitair Medisch Centrum Utrecht (UMC Utrecht), Utrecht, Netherlands
John Russell, MD, Dept. of Otolaryngology, University College Dublin, Co.Dublin, Ireland
Anne Schilder, MD, PhD, Dept. of Otorhinolaryngology, Universitair Medisch Centrum Utrecht (UMC Utrecht), Utrecht, Netherlands
Rahul Shah, MD, The Joseph E. Robert, Jr. Center for Surgical Care, Children's National Medical Center, Washington, District of Columbia, United States
Nina L. Shapiro, MD, David Geffen School of Medicine, University of California at Los Angeles (UCLA), Los Angeles, California, United States
Sally Shott, MD, Dept. of Otolaryngology – Head and Neck Surgery, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, United States
Tania Sih, MD, PhD, Dept. of Pediatric Otolaryngology, University of São Paulo, São Paulo, Brazil
David Staffenberg, MD, DSc (Hon), Institute of Reconstructive Plastic Surgery, NYU Langone Medical Center, New York, New York, United States
Giuseppe Taborelli, MD
George Tavartkiladze, MD, PhD, Dept. of Audiology, National Research Centre for Audiology and Hearing Rehabilitation, Moscow, Russian Federation
Ted Tewfik, MD, FRCSC, Dept. of Otolaryngology, Montreal Children's Hospital McGill University, Montreal, Quebec, Canada
Jean Michel Triglia, MD, Dept. of Pediatric Otolaryngology, La Timone University Children's Hospital, Marseille, France
Thierry van den Abbeele, MD, PhD, Dept. of Pediatric Otorhinolaryngology, Hôpital Robert Debré, Paris, France
Petros V. Vlastarakos, MD, MSc, PhD, IDO-HNS, Mitera Infirmary, Hygeia Medical Group, Marousi-Athens, Greece
David White, MD, Department of Otolaryngology, Head and Neck Surgery, Medical University of South Carolina (MUSC), Charleston, South Carolina, United States
George Zalzal, MD, Dept. of Otolaryngology Head and Neck Surgery, Children's National Medical Center, Washington, DC, United States
Yamei Zhang, MD, Beijing Children's Hospital, Capital Medical University, Beijing, China

Journal Manager
Sonia Green, Elsevier Ltd., Exeter, United Kingdom
GUIDE FOR AUTHORS

Submission checklist
You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:
- E-mail address
- Full postal address

All necessary files have been uploaded:
Manuscript:
- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if color should be used for any figures in print
Graphical Abstracts / Highlights files (where applicable)
Supplemental files (where applicable)

Further considerations
- Manuscript has been ‘spell checked’ and ‘grammar checked’
- All references mentioned in the Reference List are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including the Internet)
- A competing interests statement is provided, even if the authors have no competing interests to declare
- Journal policies detailed in this guide have been reviewed
- Referee suggestions and contact details provided, based on journal requirements

For further information, visit our Support Center.

BEFORE YOU BEGIN

Ethics in publishing
Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

Human and animal rights
If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans; Uniform Requirements for manuscripts submitted to Biomedical journals. Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the ARRIVE guidelines and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, EU Directive 2010/63/EU for animal experiments, or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed.

Declaration of interest
All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. If there are no conflicts of interest then please state this: ‘Conflicts of interest: none’. More information.
Submission declaration and verification
Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint, see ‘Multiple, redundant or concurrent publication’ section of our ethics policy for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service CrossCheck.

Authorship
All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

Changes to authorship
Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only before the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors after the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

Clinical trial results
In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors' meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

Reporting clinical trials
Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The CONSORT checklist and template flow diagram are available online.

Registration of clinical trials
Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.
Copyright
Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (see more information on this). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

Subscribers may reproduce tables of contents or prepare lists of articles including abstracts for internal circulation within their institutions. Permission of the Publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations. If excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has preprinted forms for use by authors in these cases.

For open access articles: Upon acceptance of an article, authors will be asked to complete an 'Exclusive License Agreement' (more information). Permitted third party reuse of open access articles is determined by the author's choice of user license.

Author rights
As an author you (or your employer or institution) have certain rights to reuse your work. More information.

Elsevier supports responsible sharing
Find out how you can share your research published in Elsevier journals.

Role of the funding source
You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

Funding body agreements and policies
Elsevier has established a number of agreements with funding bodies which allow authors to comply with their funder's open access policies. Some funding bodies will reimburse the author for the Open Access Publication Fee. Details of existing agreements are available online.

After acceptance, open access papers will be published under a noncommercial license. For authors requiring a commercial CC BY license, you can apply after your manuscript is accepted for publication.

Open access
This journal offers authors a choice in publishing their research:

Subscription
• Articles are made available to subscribers as well as developing countries and patient groups through our universal access programs.
• No open access publication fee payable by authors.

Open access
• Articles are freely available to both subscribers and the wider public with permitted reuse.
• An open access publication fee is payable by authors or on their behalf, e.g. by their research funder or institution.

Regardless of how you choose to publish your article, the journal will apply the same peer review criteria and acceptance standards.

For open access articles, permitted third party (re)use is defined by the following Creative Commons user licenses:

Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND)
For non-commercial purposes, lets others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

The open access publication fee for this journal is USD 2500, excluding taxes. Learn more about Elsevier's pricing policy: http://www.elsevier.com/openaccesspricing.
Green open access
Authors can share their research in a variety of different ways and Elsevier has a number of green open access options available. We recommend authors see our green open access page for further information. Authors can also self-archive their manuscripts immediately and enable public access from their institution's repository after an embargo period. This is the version that has been accepted for publication and which typically includes author-incorporated changes suggested during submission, peer review and in editor-author communications. Embargo period: For subscription articles, an appropriate amount of time is needed for journals to deliver value to subscribing customers before an article becomes freely available to the public. This is the embargo period and it begins from the date the article is formally published online in its final and fully citable form. Find out more.

This journal has an embargo period of 12 months.

Elsevier Publishing Campus
The Elsevier Publishing Campus (www.publishingcampus.com) is an online platform offering free lectures, interactive training and professional advice to support you in publishing your research. The College of Skills training offers modules on how to prepare, write and structure your article and explains how editors will look at your paper when it is submitted for publication. Use these resources, and more, to ensure that your submission will be the best that you can make it.

Language (usage and editing services)
Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier's WebShop.

Informed consent and patient details
Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author and copies of the consents or evidence that such consents have been obtained must be provided to Elsevier on request. For more information, please review the Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals. Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Submission
Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

International Journal of Pediatric Otorhinolaryngology
This journal operates a single blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. More information on types of peer review.

International Journal of Pediatric Otorhinolaryngology Extra
This journal operates a single blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then sent to a minimum of two independent expert reviewer to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. More information on types of peer review.

Submit your article
Please submit your article via http://ees.elsevier.com/ijporl/default.asp.
Referees
Please submit the names and institutional e-mail addresses of several potential referees. For more details, visit our Support site. Note that the editor retains the sole right to decide whether or not the suggested reviewers are used.

PREPARATION

Peer review
This journal operates a single blind review process. All contributions are typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. More information on types of peer review.

Use of word processing software
It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor’s options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.
To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article structure

Abstract
For Full Length Articles (Research Papers) a structured abstract, by means of appropriate headings (e.g. Objectives, Methods, Results, Conclusion), should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations. Abstracts for Case Reports should not exceed 100 words and should not have a structured format. Abstracts for Review Papers may be structured or non-structured depending on author preference.

Subdivision - numbered sections
Divide your article into clearly defined and numbered sections. Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, ...), 1.2, etc. (the abstract is not included in section numbering). Use this numbering also for internal cross-referencing: do not just refer to ‘the text’. Any subsection may be given a brief heading. Each heading should appear on its own separate line.

Introduction
State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Material and methods
Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should be described.

Results
Results should be clear and concise.

Discussion
This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions
The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.
Appendices
If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

Essential title page information
• Title. Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
• Author names and affiliations. Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lowercase superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
• Corresponding author. Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.
• Present/permanent address. If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

Keywords
Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

Acknowledgements
Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

Formatting of funding sources
List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.

If no funding has been provided for the research, please include the following sentence:

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Units
Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

Footnotes
Footnotes should be used sparingly. Number them consecutively throughout the article. Many word processors can build footnotes into the text, and this feature may be used. Otherwise, please indicate the position of footnotes in the text and list the footnotes themselves separately at the end of the article. Do not include footnotes in the Reference list.

Artwork
Electronic artwork
General points
• Make sure you use uniform lettering and sizing of your original artwork.
• Embed the used fonts if the application provides that option.
• Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
• Number the illustrations according to their sequence in the text.
• Use a logical naming convention for your artwork files.
• Provide captions to illustrations separately.
• Size the illustrations close to the desired dimensions of the published version.
• Submit each illustration as a separate file.

A detailed guide on electronic artwork is available. **You are urged to visit this site; some excerpts from the detailed information are given here.**

**Formats**
If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply 'as is' in the native document format.

Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

- EPS (or PDF): Vector drawings, embed all used fonts.
- TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.
- TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.
- TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

Please do not:
• Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
• Supply files that are too low in resolution;
• Submit graphics that are disproportionately large for the content.

**Color artwork**
Please make sure that artwork files are in an acceptable format (TIFF (or JPEG), EPS (or PDF), or MS Office files) and with the correct resolution. If, together with your accepted article, you submit usable color figures then Elsevier will ensure, at no additional charge, that these figures will appear in color online (e.g., ScienceDirect and other sites) regardless of whether or not these illustrations are reproduced in color in the printed version. **For color reproduction in print, you will receive information regarding the costs from Elsevier after receipt of your accepted article.** Please indicate your preference for color: in print or online only. Further information on the preparation of electronic artwork.

**Illustration services**
Elsevier's WebShop offers Illustration Services to authors preparing to submit a manuscript but concerned about the quality of the images accompanying their article. Elsevier's expert illustrators can produce scientific, technical and medical-style images, as well as a full range of charts, tables and graphs. Image 'polishing' is also available, where our illustrators take your image(s) and improve them to a professional standard. Please visit the website to find out more.

**Figure captions**
Ensure that each illustration has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (not on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

**Tables**
Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules and shading in table cells.

**References**
**Citation in text**
Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the
journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

Reference links
Increased discoverability of research and high quality peer review are ensured by online links to the sources cited. In order to allow us to create links to abstracting and indexing services, such as Scopus, CrossRef and PubMed, please ensure that data provided in the references are correct. Please note that incorrect surnames, journal/book titles, publication year and pagination may prevent link creation. When copying references, please be careful as they may already contain errors. Use of the DOI is encouraged.

A DOI can be used to cite and link to electronic articles where an article is in-press and full citation details are not yet known, but the article is available online. A DOI is guaranteed never to change, so you can use it as a permanent link to any electronic article. An example of a citation using DOI for an article not yet in an issue is: VanDecar J.C., Russo R.M., James D.E., Ambeh W.B., Franke M. (2003). Aseismic continuation of the Lesser Antilles slab beneath northeastern Venezuela. Journal of Geophysical Research, https://doi.org/10.1029/2001JB000884. Please note the format of such citations should be in the same style as all other references in the paper.

Web references
As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

Data references
This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

References in a special issue
Please ensure that the words 'this issue' are added to any references in the list (and any citations in the text) to other articles in the same Special Issue.

Reference management software
Most Elsevier journals have their reference template available in many of the most popular reference management software products. These include all products that support Citation Style Language styles, such as Mendeley and Zotero, as well as EndNote. Using the word processor plug-ins from these products, authors only need to select the appropriate journal template when preparing their article, after which citations and bibliographies will be automatically formatted in the journal's style. If no template is yet available for this journal, please follow the format of the sample references and citations as shown in this Guide.

Users of Mendeley Desktop can easily install the reference style for this journal by clicking the following link:
http://open.mendeley.com/use-citation-style/international-journal-of-pediatric-otorhinolaryngology
When preparing your manuscript, you will then be able to select this style using the Mendeley plug-ins for Microsoft Word or LibreOffice.

Reference style
Text: Indicate references by number(s) in square brackets in line with the text. The actual authors can be referred to, but the reference number(s) must always be given.
Example: '..... as demonstrated [3,6]. Barnaby and Jones [8] obtained a different result ....'
List: Number the references (numbers in square brackets) in the list in the order in which they appear in the text.
Examples:
Reference to a journal publication:
Reference to a book:
Reference to a chapter in an edited book:

Reference to a website:

Reference to a dataset:

Journal abbreviations source
Journal names should be abbreviated according to the List of Title Word Abbreviations.

Video
Elsevier accepts video material and animation sequences to support and enhance your scientific research. Authors who have video or animation files that they wish to submit with their article are strongly encouraged to include links to these within the body of the article. This can be done in the same way as a figure or table by referring to the video or animation content and noting in the body text where it should be placed. All submitted files should be properly labeled so that they directly relate to the video file’s content. In order to ensure that your video or animation material is directly usable, please provide the files in one of our recommended file formats with a preferred maximum size of 150 MB in total. Any single file should not exceed 50 MB. Video and animation files supplied will be published online in the electronic version of your article in Elsevier Web products, including ScienceDirect. Please supply 'stills' with your files: you can choose any frame from the video or animation or make a separate image. These will be used instead of standard icons and will personalize the link to your video data. For more detailed instructions please visit our video instruction pages. Note: since video and animation cannot be embedded in the print version of the journal, please provide text for both the electronic and the print version for the portions of the article that refer to this content.

Supplementary material
Supplementary material such as applications, images and sound clips, can be published with your article to enhance it. Submitted supplementary items are published exactly as they are received (Excel or PowerPoint files will appear as such online). Please submit your material together with the article and supply a concise, descriptive caption for each supplementary file. If you wish to make changes to supplementary material during any stage of the process, please make sure to provide an updated file. Do not annotate any corrections on a previous version. Please switch off the 'Track Changes' option in Microsoft Office files as these will appear in the published version.

RESEARCH DATA
This journal encourages and enables you to share data that supports your research publication where appropriate, and enables you to interlink the data with your published articles. Research data refers to the results of observations or experimentation that validate research findings. To facilitate reproducibility and data reuse, this journal also encourages you to share your software, code, models, algorithms, protocols, methods and other useful materials related to the project.

Below are a number of ways in which you can associate data with your article or make a statement about the availability of your data when submitting your manuscript. If you are sharing data in one of these ways, you are encouraged to cite the data in your manuscript and reference list. Please refer to the "References" section for more information about data citation. For more information on depositing, sharing and using research data and other relevant research materials, visit the research data page.

Data linking
If you have made your research data available in a data repository, you can link your article directly to the dataset. Elsevier collaborates with a number of repositories to link articles on ScienceDirect with relevant repositories, giving readers access to underlying data that gives them a better understanding of the research described.

There are different ways to link your datasets to your article. When available, you can directly link your dataset to your article by providing the relevant information in the submission system. For more information, visit the database linking page.
For supported data repositories a repository banner will automatically appear next to your published article on ScienceDirect.

In addition, you can link to relevant data or entities through identifiers within the text of your manuscript, using the following format: Database: xxxx (e.g., TAIR: AT1G01020; CCDC: 734053; PDB: 1XFN).

**Mendeley Data**
This journal supports Mendeley Data, enabling you to deposit any research data (including raw and processed data, video, code, software, algorithms, protocols, and methods) associated with your manuscript in a free-to-use, open access repository. Before submitting your article, you can deposit the relevant datasets to Mendeley Data. Please include the DOI of the deposited dataset(s) in your main manuscript file. The datasets will be listed and directly accessible to readers next to your published article online.

For more information, visit the Mendeley Data for journals page.

**Data statement**
To foster transparency, we encourage you to state the availability of your data in your submission. This may be a requirement of your funding body or institution. If your data is unavailable to access or unsuitable to post, you will have the opportunity to indicate why during the submission process, for example by stating that the research data is confidential. The statement will appear with your published article on ScienceDirect. For more information, visit the Data Statement page.

**AudioSlides**
The journal encourages authors to create an AudioSlides presentation with their published article. AudioSlides are brief, webinar-style presentations that are shown next to the online article on ScienceDirect. This gives authors the opportunity to summarize their research in their own words and to help readers understand what the paper is about. More information and examples are available. Authors of this journal will automatically receive an invitation e-mail to create an AudioSlides presentation after acceptance of their paper.

**AFTER ACCEPTANCE**

**Online proof correction**
Corresponding authors will receive an e-mail with a link to our online proofing system, allowing annotation and correction of proofs online. The environment is similar to MS Word: in addition to editing text, you can also comment on figures/tables and answer questions from the Copy Editor. Web-based proofing provides a faster and less error-prone process by allowing you to directly type your corrections, eliminating the potential introduction of errors.

If preferred, you can still choose to annotate and upload your edits on the PDF version. All instructions for proofing will be given in the e-mail we send to authors, including alternative methods to the online version and PDF.

We will do everything possible to get your article published quickly and accurately. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. It is important to ensure that all corrections are sent back to us in one communication. Please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely your responsibility.

**Offprints**
The corresponding author will, at no cost, receive a customized Share Link providing 50 days free access to the final published version of the article on ScienceDirect. The Share Link can be used for sharing the article via any communication channel, including email and social media. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier's Webshop. Corresponding authors who have published their article open access do not receive a Share Link as their final published version of the article is available open access on ScienceDirect and can be shared through the article DOI link.

Observational studies are required to use STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) guidelines. The STROBE statement may be found here: http://www.strobe-statement.org/index.php?id=strobe-home. The appropriate checklist must be included in the manuscript submission (e.g. cohort, case-control, or cross-sectional studies).
AUTHOR INQUIRIES
Visit the Elsevier Support Center to find the answers you need. Here you will find everything from Frequently Asked Questions to ways to get in touch. You can also check the status of your submitted article or find out when your accepted article will be published.

© Copyright 2014 Elsevier | http://www.elsevier.com