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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.

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AUDIENCE

Otorhinolaryngologists, Pediatricians, Speech and Hearing Specialists.

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Authors should use gene notation and symbols approved by the HUGO Gene Nomenclature Committee (HGNC). Human gene symbols and loci should be italicized and protein products should not. Both should be written in capital letters. Avoid listing multiple gene names. If the authors would like to use the most historically used gene name, please denote this in the introduction at first mention of the gene (e.g: ‘GSDME (also known as DFNA5)) and constantly use one name throughout the text. If the manuscript includes the names of microRNAs, the authors should use the Sanger nomenclature (e.g: miR-96). Similar to gene names, authors can include and use the historically used name as long as it is denoted.

The most up-to-date guidelines are summarized on the Mutation Nomenclature Homepage (http://www.hgvs.org/varnomen/). At first mention of a variant we ask authors to provide both the cDNA and protein change separated by a semicolon (e.g:c.122A>G; p.His41Arg). Afterwards, authors should only reference the protein change when discussing the variant. In some cases, such as splice-altering variants using the cDNA name is acceptable throughout the text (e.g: c.919-2A>G).

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