

Peer Review File

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Reviewer A

Comment 1: Case 3: it is unclear to me whether a complete endoscopic transnasal approach was used or a transeptal. How long was the total follow-up

Case 4: how long was the follow-up after the revision?

Response 1: Case 3 was managed with a trans-nasal approach, following successful repair, the patient was discharged after 4 months of follow up. The manuscript has been amended to clarify these points, as follows:

Line 162: *"The patient subsequently underwent choanal atresia repair utilising a completely transnasal endoscopic approach."*

In case four, the patient has had anatomical and clinical patency out to 16 weeks post operatively, and continues to have follow up. The manuscript has been updated to include this information:

Line 192: *"At 16 weeks following revision surgery the patient had durable anatomical and clinical patency, and continues to present for ongoing follow up."*

Comment 2: The authors described their transeptal technique nicely for case no 1 however in the subsequent case they use adaptation of this technique or a transnasal technique. Could you please describe your decision process on which basis/imaging characteristics you decide which technique you will use.

Response 2: Utilising the trans-septal approach allows the operator to address any septal deformities and improve exposure. It also reduces the need for additional incisions to raise nasal mucosal flaps from the atretic plate at the level of the choana. The trans-nasal approach was utilised when there was adequate trans-nasal access without the need for a septoplasty and when the bony atretic plate was so dense as to necessitate the use of an endoscopic drill.

Line 231: *"The decision to utilize either a trans-septal or trans-nasal approach in this study was dependent on several pre-morbid anatomical factors. Utilising the trans-septal approach allows the operator to address any septal deformities and improve exposure. It also reduces the need for additional incisions to raise nasal mucosal flaps from the atretic plate at the level of the choana. The trans-nasal approach was utilised when there was adequate trans-nasal access without the need for a septoplasty and when the bony atretic plate was so dense as to necessitate the use of an endoscopic drill."*

Comment 3: maybe a small table summarizing the four cases would add the interpretation of the manuscript and highlight the similarities and differences between the cases.

Response 3: A table denoted table 1 has now been included.

Reviewer B

Comment 1: This is a short case series (4 cases) where slightly different surgical techniques have been used. Follow up in the first 3 cases are 3-6 months. In the fourth case which required revision the follow up time is lacking. It would benefit the reader if this was added.

Response 1: Further details regarding follow up time for case 4 have now been included, as below

Line 192: "At 16 weeks following revision surgery the patient had durable anatomical and clinical patency, and continues to present for ongoing follow up."

Comment 2: As an orientation to management of adult unilateral choanal atresia the manuscript has its merits. However, from a strict scientific point of view there is nothing new in this case series

Response 2: We thank the reviewer for the assessment. We hope that the case series may shed light on the operative and perioperative considerations in managing unilateral choanal atresia in the adult. In particular, we hope it may lead surgeons to consider whether a posterior septectomy produces more robust clinical outcomes, and to consider incorporating such cases into a prospective study protocol.

Line 256: "This case series demonstrates the operative and perioperative aspects considered by two rhinologists when managing unilateral adult choanal atresia."

Further research, with higher powered and potentially prospective studies should be pursued to greater clarify the optimal surgical and adjunctive techniques for choanal atresia in adults. When sufficient studies with adequate numbers are identified, consideration for pooled analysis in the form of systematic review and meta-analysis should also be pursued."