

Peer Review File

Article information: available at <http://dx.doi.org/10.21037/fomm-21-11>

Reviewer A

Comment 1: This is a well written, comprehensive article which gives an excellent overview of various reconstructive techniques dealing with defects following eyelid basal cell carcinoma resection. It covers both upper and lower lid reconstruction as well as medical canthal area which is often the most challenging to repair. A helpful list of references concludes the article, as well as original diagrams explaining each technique. I would recommend this article for publication, with only a minor, but important, editing correction*. The legends and artist's drawings are mismatched (eg. Figure 1. legend says Tenzel Flap, but the diagram is that of a Hughes procedure*)

Reply 1: Thank you so much for your improvements. We fully agree with the reviewer. Accidentally we uploaded not the latest version of the pictures, so the legend did not match the drawings. We corrected these issues and uploaded the correct drawings, now matching with the legends. We apologize for this mistake.

Reviewer B

Comment 1: Mohs micrographic surgery should be included in the section of "Tumor excision and histopathological analysis" since it has a recurrence rate below 5%.

Reply 1: Thank you so much for your improvements. We added Mohs micrographic surgery to the suggested section.

Comment 2: The description of the figures is not consistent with the drawings.

Reply 2: Thank you so much for your improvements. We fully agree with the reviewer. Accidentally we uploaded not the latest version of the pictures, so the legend did not match the drawings. We corrected these issues and uploaded the correct drawings, now matching with the legends. We apologize for this mistake.

Comment 3: While the article is not original, it provides a review of procedures for eyelid reconstruction. Conclusion: It could be published after revisions.

Reply 3: Thank you so much for your kind review.

Reviewer C

Comment 1: The authors are to be congratulated for reviewing their experience with eyelid reconstruction following extensive BCC.

They present tumor excision and several reconstruction series. While their review complements previous literature on using eyelid reconstruction, there are several points on which I would challenge the authors:

I think that the schema of Figure 1 is about Hughes flap for the defect of lower eyelid, not Tenzel's semicircular advancement flap.

Comment 2: And the schema of Figure2 is about glabellar flap for the defect of skin defect of medial canthal area, not Cutler Beard procedure.

Comment 3: I think that the schema of Figure 3 is Tenzel's semicircular advancement flap. These are confused points. You should be clear.

Reply for Comments 1-3: Thank you so much for your improvements. We fully agree with the reviewer. Accidentally we uploaded not the latest version of the pictures, so the legend did not match the drawings. We corrected these issues and uploaded the correct drawings, now matching with the legends. We apologize for this mistake.

Comment 4: However, this title is complex techniques of eyelid reconstruction, authors do not describe about the post-operative complications of each technique. You should describe these in details.

Reply 1: Thank you so much for this advice. We extended the post-operative complication section. However, in order to avoid repetitions, since most of the main complications are in all techniques nearly the same, there is only one section for complications.