

LEMBAR
HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER REVIEW
KARYA ILMIAH: JURNAL ILMIAH

Judul Artikel Ilmiah : Challenges in intradural disc herniation diagnosis and surgery: A case report
 Penulis Artikel Ilmiah : 6 orang
 Status Pengusul : **Penulis pertama/penulis anggota/penulis korespondensi**
 Identitas Jurnal Ilmiah : a. Nama Jurnal : Annals of Medicine and Surgery
 b. Nomor/Volume/Hal : Vol.58/Hal. 156-159
 c. Edisi (bulan/tahun) : September / 2020
 d. Penerbit : Elsevier Ltd.
 e. Jumlah halaman : 4 halaman
 f. DOI artikel (Jika ada) : <https://doi.org/10.1016/j.amsu.2020.08.022>
 g. Alamat web Jurnal : <https://www.sciencedirect.com/science/article/pii/S2049080120302685>
 h. Terindeks di : SCOPUS (Q3) SJR 0,391
 i. Link Turnitin : https://doc-pak.undip.ac.id/3763/1/MTA_Turnitin_Challenge_Intradural.pdf

Kategori Publikasi Jurnal Ilmiah : ☒ Jurnal Ilmiah Internasional
☐ Jurnal Ilmiah Nasional Terakreditasi
☐ Jurnal Ilmiah Nasional Tidak Terakreditasi

I. Hasil Penilaian Peer Review

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	Internasional	Nasional Terakreditasi	Nasional tidak Terakreditasi	
	40			
a Kelengkapan dan Kesesuaian unsur isi artikel (10%)	4			3,5
b Ruang lingkup dan kedalaman Pembahasan (30%)	12			11,5
c Kecukupan dan Kemutakhiran data/informasi dan metodologi (30%)	12			11
d Kelengkapan unsur dan kualitas penerbit (30%)	12			11
Nilai Total = (100%)	40			37
Nilai pengusul			60% x 37 =	22,2
KOMENTAR/ULASAN PEER REVIEW				
a. Kelengkapan dan kesesuaian unsur isi artikel	Unsur isi artikel lengkap, tertulis ringkas dan jelas mulai abstrak, pendahuluan, pembahasan dan kesimpulan, didukung pustaka yang memadai			
b. Ruang lingkup dan kedalaman pembahasan	Lingkup bahasan sesuai dengan bidang ilmu pengusul, laporan kasus langka pada seorang pasien (tidak disebutkan prevalensinya) dengan intradural discus hernia. Diskusi terhadap kasus dilakukan dengan terinci dan baik serta memadai, dan dibandingkan dengan pustaka lama meski > 10 tahun tapi masih relevan			
c. Kecukupan dan Kemutakhiran Data dan Metodologi	Metode: laporan kasus dengan mempresentasikan 1 kasus langka. Kasus diuraikan dengan baik dengan hasil pemeriksaan di sampaikan dalam bentuk gambar yang jelas dengan keterangan gambar			
d. Kelengkapan unsur dan kualitas penerbit	Annals of Medicine and Surgery merupakan jurnal terindeks scopus Q3 dengan SJR0,391 Indeks kemiripan: 12%			

Semarang, 22 Januari 2021
 Penilai 1



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		Internasional	Nasional Terakreditasi	Nasional tidak Terakreditasi	
		40			
a	Kelengkapan dan Kesesuaian unsur isi artikel (10%)	4			3
b	Ruang lingkup dan kedalaman Pembahasan (30%)	12			11
c	Kecukupan dan Kemutakhiran data/informasi dan metodologi (30%)	12			10
d	Kelengkapan unsur dan kualitas penerbit (30%)	12			11
Nilai Total = (100%)		40			35
Nilai pengusul				60% x 35 =	21
KOMENTAR/ULASAN PEER REVIEW					
a.	Kelengkapan dan kesesuaian unsur isi artikel	Kelengkapan unsur artikel ilmiah lengkap, karena case presentasi introductionnya sangat singkat.			
b.	Ruang lingkup dan kedalaman pembahasan	Merupakan case report 1 orang pasien langka (namun tidak disebutkan prevalensinya) dengan intradural discus hernia. Diskusi terhadap kasus dilakukan dengan baik dan memadai dengan mesitasi sumber yang baik (jurnal < 10 tahun).			
c.	Kecukupan dan Kemutakhiran Data dan Metodologi	Metode: case presentasi mempresentasikan 1 kasus. Kasus diuraikan dengan baik dengan hasil pemeriksaan di sampaikan dalam bentuk gambar yang memadai.			
d.	Kelengkapan unsur dan kualitas penerbit	Annals of Medicine and Surgery merupakan jurnal terindex scopus Q3 dengan SJR 0,39 yang diterbitkan oleh Elsevier. Index kemiripan: 12%			






Semarang, 23 Desember 2020
 Penilai 2



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Challenges in intradural disc herniation diagnosis and surgery: A case report [\(Article\)](#) [\(Open Access\)](#)

Thohar Arifin, M. , Ikbar K, N. , Brilliantika, S.P. , Bakhtiar, Y. , Bunyamin, J. , Muttaqin, Z. 


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Department of Neurosurgery, Faculty of Medicine, Diponegoro University, Semarang, Indonesia

Abstract

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Introduction: Intradural disc herniation (IDH) is a rare complication which comprises 0.27% of all herniated intervertebral discs. We are reporting a case of lumbar intradural disc herniation at the L4-L5 levels highlighting challenges in establishing clinical diagnosis and surgical approach involving a transdural microsurgery approach. **Presentation of case:** A 38-year-old gentleman was presented with left radicular low back pain without motoric and autonomic involvement admitted to our neurosurgical service. Spine MRI showed an intradural, extra-axial spinal mass. **Discussion:** Lumbar IDH is a rare pathology thus often initially diagnosed as other more common conditions. In our case, the IDH diagnosis was confirmed during surgery as the radiological examination results mimic intradural extra-axial tumor. During surgery, a hard irregular white mass was found shortly after dural incision. **Histopathological results** showed chondrocytes, fibrotic and necrotic appearances consistent with the diagnosis of disc herniation. **Postoperatively**, the patient showed improvement and pain alleviation. **Conclusion:** We observed the beak sign which is one of the important features of IDH imaging. **Surgery-wise**, the challenge of dissecting the anterolateral part of the duramater from the annulus fibrosus of the intervertebral disc should be noted by the performing surgeon. © 2020 The Authors

Author keywords

[Intradural herniation](#) [Lumbar herniated disc](#) [Microsurgery](#)

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Recent advances in the diagnosis and treatment of ruptured intervertebral disks (1942) *Ann. Surg.*, 115, pp. 514-520. Cited 11 times.

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Pages 156-159

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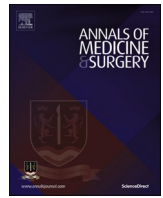
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Case Series

Efficacy of a tip of the big toe remodeling in the distal nail embedding with bone overgrowth of the distal phalanx

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ARTICLE INFO

Keywords:

Distal nail embedding
Surgical technique
Osteophyte of distal phalanx
Deformity of hyponychium

ABSTRACT

Introduction: Distal nail embedding due to hyponychium hypertrophy can be caused by traumatic or surgical avulsion of the nail. As a consequence of these changes, the nail plate is blocked through the deformed tip of the toe. Changes that occur at the tip of the big toe are due to bone growth on the dorsal surface of the distal end of the distal phalanx. This study aimed to present a surgical technique for the treatment of hypertrophy of the tip of the toe and evaluate its effectiveness.

Material and methods: The surgical technique involved remodeling of the tip of the big toe, with removal of the hypertrophied bone of the distal phalanx. The procedure was assessed by using a questionnaire.

Results: We included the 108 distal embedded nails. A total of 85% of respondents were satisfied with the procedure. Nearly 80% of patients rated the cosmetic effect as good or very good.

Conclusions: The technique was an effective treatment and increased the quality of life of those with disorders of nail growth associated with hypertrophy of the tip and hyponychium, with bone overgrowth.

1. Introduction

The toenail has both protective and sensory functions. The nail plate acts as a support, which has the effect of pressing on the phalanx, increasing the ability to distinguish objects by the skin of the tip. The distal phalanx has an important proprioceptive function, especially when the foot is rolled, and the toe is detached from the ground. Each distal phalanx pathology may have a number of effects that disturb the biomechanics of gait. The absence of a toenail can lead to deformation of the tip of the toe, with simultaneous loss of proprioception [1].

Distal nail embedding is treated as a type of ingrown toenail. It is defined as hypertrophy of the hyponychium. The cause of the change in this area may be congenital or acquired [2], occurring in people of all ages, and causing discomfort or pain of varying intensity. In the case of acquired lesions, the growth of the nail plate can be blocked by the deformed hyponychium [3].

The main cause of distal nail embedding is complete nail detachment for various reasons, either traumatic or surgical, and multiple nail injuries. Other possible predisposing factors are variations in anatomical structure and incorrect positioning of nails.

Patients undergo the following changes due to the absence of nail plate growth (Fig. 1): chromonychia (change of color), onychatrophica (distortion, crushing, and atrophy), onychomadesia (shedding of the plate from the matrix side), onycholysis, and deformation of the tip of the toe.

The above symptoms are most common for long-term antifungal treatment by dermatologists, and for surgeons to remove the nail plate. In the case of podiatrists, they usually attempt to clean and regenerate the nail bed and possibly taping of the tip of big toe with varying results.

We present a surgical technique and assess its effectiveness in the treatment of hypertrophy of the tip of the toe, caused by earlier injury, microdamage, or removal of the nail plate. We were interested in whether a satisfactory result of this technique. The aim of study is to evaluate the results of removal of the hypertrophied bone of the distal phalanx.

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Best Evidence Topic

Best evidence topic: Can acute appendicitis manifest with normal inflammatory markers?

Rashid Ibrahim^{*}, Pushpa Veeralakshmanan, James Ackah, Pedram Panahi*Department of General Surgery University Hospitals Plymouth NHS Trust, Plymouth, PL6 8DH, United Kingdom*

ARTICLE INFO

Keywords:

Inflammatory markers (IM)
Acute appendicitis (AA)
C-reactive protein (CRP)
White cell counts (WCC)

ABSTRACT

A best evidence topic has been constructed using a described protocol. The three-part question addressed was: for patients with suspected acute appendicitis can normal inflammatory markers rule out the diagnosis? Altogether 151 papers were found using the search strategy reported below. Seven were identified to provide the best evidence to answer the question. The author, journal, date, and country of publication, patient group studied, study type, relevant outcomes, results, and study weaknesses were tabulated. In conclusion, six out of seven papers are more in favour with the concept that normal inflammatory markers cannot effectively rule out the diagnosis of acute appendicitis.

1. Introduction

This Best Evidence Topic (BET) was devised using a framework outlined by the International Journal of Surgery [1]. This format was used because a preliminary literature search showed that the available evidence has insufficient quality and is too homogenous to conduct a meaningful meta-analysis. A BET provides evidence based answers to common clinical questions, using a systematic approach to reviewing the literature.

2. Clinical scenario

A 25-year-old female presents with a history of shifting right iliac fossa pain for two days, she has normal inflammatory markers and a negative pregnancy test. An abdominal ultrasound was not conclusive for appendicitis. You question whether normal inflammatory markers can rule out appendicitis and safely discharge the patient.

3. Three part question

In [patients with suspicion of acute appendicitis], Can [normal inflammatory markers] rule out [a diagnosis of acute appendicitis]?

4. Search strategy

Medline 1946 to May 2020 and Embase 1974 to May 2020 using the OVID interface:

[Acute appendicitis] AND [normal inflammatory markers OR normal C-reactive protein OR normal CRP OR normal white cells counts OR normal WCC].

Medline using the PubMed interface:

[Acute appendicitis] AND [normal inflammatory markers OR normal C-reactive protein OR normal CRP OR normal white cells counts OR normal WCC].

The results were limited to English articles and human studies.

5. Search outcome

A total of 151 papers were found using OVID and PubMed interface. A total of 53 papers were identified after we removed duplicates. Out of these, 43 papers were excluded based on titles and abstracts. Ten full-text articles were screened and assessed for eligibility. From these, seven papers were identified that provided the best evidence to answer the question. The search strategy process is detailed in Fig. 1. Eligible patients were defined as those presenting with both normal WCC and CRP with a histologically confirmed acute appendicitis. In addition to the false-negative result of these inflammatory markers, most of the included papers also investigated the sensitivity, specificity, positive and

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