Conflict of interest

none.

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Does better editorial staff mean a better journal impact factor?

Dear Sir,

There is a relationship between the quality of a scientific contribution and its level of acceptance within the scientific community in which it belongs.[1]

By considering the IF and h-index as measures of quality for journals and researchers, respectively, and the editorial board (EB) as a group of researchers who are directly involved in what is published by a given journal, a comparative analysis is expected to show whether EB quality is associated or not with the journal's IF.

Thus, the aim of this study was to determine if there is a relationship between the IF and the mean h-index of EB members from major plastic surgery journals. This cross-sectional study was conducted between December 2013 and August 2014.

Impact factors of major indexed plastic surgery journals were obtained from the 2012 JCR® (Thomson Reuters, 2013) data.[2] The parameters of journal inclusion were: to be a broad thematic journal in plastic surgery, to be edited in English language and to have a peer review process in article acceptance. Nine journals were selected in the first evaluation, as follows: Aesthetic Plastic Surgery (APS); Aesthetic Surgery Journal (ASJ); Annales de Chirurgie Plastique Esthétique (AnCPE); Annals of Plastic Surgery (AnPS); Clinics in Plastic Surgery (CPS); Journal of Plastic, Reconstructive & Aesthetic Surgery (JPRAS); Journal of Plastic Surgery and Hand Surgery (JPSHS); Plastic and Reconstructive Surgery (PRS); and Plastic Surgery (PS). Three of those journals were not included according to stablished criteria: AnCPE and PS, for including articles in French language; CPS, for inviting authors to submit papers. The JPSHS, was excluded from this study considering its small EB group (only 14 members). Five journals met the inclusion criteria and were selected. The lists of EB members were retrieved from the journals' websites. Administrative members and any other member not identified as a researcher or physician directly involved with the content published by these journals were excluded from the study. The h-index for every EB member was obtained through the Scopus database.

The mean and median h-index of EB members were calculated for every journal and compared with the respective IF (Table 1). The mean and median h-index values yielded similar classification results for journals. PRS had the highest IF (3.535), which was about two points higher than that of others, and its EB had the highest mean h-index (15.13846) and median h-index (13), in agreement with the initial hypothesis. The Spearman correlation coefficient was used to assess the relationship between the two variables and a p-value $<0,05$ was considered statistically significant (Figure 1). A strong positive, but not statistically significant, relationship was found. We believe this is due to the small sample size, which could be reviewed in further studies including more journals.

Bibliometric Indicators are tools used to evaluate the scientific performance of journals and authors, which are essential components of research assessment. At present, there is a tendency to use these indices as quality measures.[1,3] However, there is still no consensus about the ideal bibliometric indicator.[3]

Table 1 Impact factors of plastic surgery journals with mean and median h-index values from editorial board members.

Journal	PRS	ASJ	JPRAS	AnPS	APS
Impact factor[a]	3.535	1.564	1.439	1.384	1.264
Mean h-index[b]	15.138	10.712	13.982	11.500	9.516
Median h-index[b]	13	10	12	10	8

APS, Aesthetic Plastic Surgery; ASJ, Aesthetic Surgery Journal; AnPS, Annals of Plastic Surgery; JPRAS, Journal of Plastic, Reconstructive & Aesthetic Surgery; PRS, Plastic and Reconstructive Surgery.
[a] 2012 JCR (Thomson Reuters, 2013).
[b] Scopus database, 2013 data.

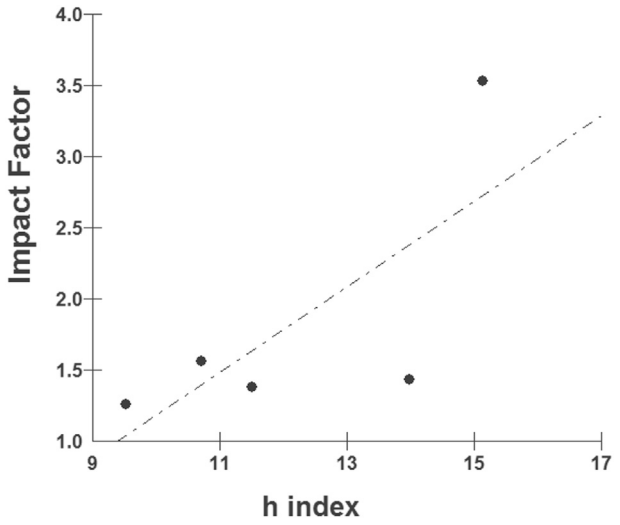

Figure 1 Linear correlation between Impact Factor* and Mean h-index values of editorial board members† from the five journals (rs = 0,700/p = 0,1881). Statistically significant correlation for $p < 0,05$. *2012 JCR. †Scopus database, 2013 data.

Nevertheless, the IF became the most important bibliographic measure of quality of a journal and an indicator of scientific quality and prestige,[1,4] commonly used as a guide to "what should be read".[1]

In general terms, the IF in plastic surgery cannot be considered high when compared to other journals in the fields of medicine, according to the JCR® (Thomson Reuters).[2] This reflects the embryonic stage of evidence-based medicine in plastic surgery, and especially, the deficiency of scientific production in a specialty where personal experience and common sense are still valued,[4] with predominance of publications with levels of evidence IV and V.

Major international scientific journals have the editorial board composed of researchers from around the world, who contribute intellectually to the various areas of knowledge according to their expertise. EB members are selected based on their recognition by a scientific community and notoriety in their fields. As reviewers of content, the editorial board is directly involved in what is accepted for publication in a given journal. They may also act as mediators between authors and reviewers.

Researches concerning the review process suggest that almost none of the experiences and training actually predict subsequent performance of higher-quality reviews. However, there are evidences, even weak, that editorial board experience, grant review, and working in a university hospital environment (versus other types of teaching environments) were associated with better-quality reviews.[5]

In this study, a strong positive relationship was found between IF and the mean h-index of EB members when evaluating five major plastic surgery journals. However, further studies using larger samples are needed to assess statistical significance.

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The authors have no conflict of interest.

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Reply "A comparison of two different sub-dermal trimming techniques for the treatment of axillary osmidrosis"

Dear Sir,

Axillary malodor is a common and distressing social problem for many people. Topical astringents are usually inadequate and temporary and sometimes may cause contact dermatitis. Permanent solutions often involve invasive surgical treatment. Several therapeutic options are available for the treatment of axillary malodor such as botulinum toxin, laser, microwave thermolysis, and various surgical procedures. Suction-assisted curettage was once the main technique I used for bromhidrosis in my clinic. To obtain the best outcome using the suction-assisted curettage, I would