I apologize that I have to say no to review the article with reference number: 012 2409 again.

Some comments: This article could not be recommended for publication at first. The new version has not taken into account my comments to a sufficient degree. Measurement of airway resistance at the mouth is not diagnostic for laryngeal obstruction. For this to be a diagnostic tool, the resistance must be measured as pressure drop between the points on either side of the current obstruction and the value of the measurement would be most importantly in relation to the consequence of the particular obstruction. Resistance measured by mouth can be an expression of resistance caused by obstruction from some undefined place in the airways.

Also, Laryngoscopy is well tolerated by exercising patients and it is easy to perform. In our hospital, continuous transnasal laryngoscopy during exertion on the treadmill is a routine examination for patients who experience exercise induced dyspnea with inspiratory stridor. This visualizes the patient's obstruction in a good way. The challenge is to assess the significance, i.e. the ventilatory limitation on what we see. A measure of pressure drop between the points on each side of the obstruction would be valuable.

Note: Anonymous Reviewer

Note: Modification was done in this email ONLY to hide the identity.