

Journal of Neurological Surgery. Part B, Skull Base □ General Overview Title: Journal of Neurological Surgery Part B: Skull Base (often abbreviated as J Neurol Surg B)

Publisher: Thieme Medical Publishers

Official journal of: Several international societies (e.g. the North American Skull Base Society, the European Skull Base Society, etc.)

Scope: Focused on skull base surgery — neurosurgical, otolaryngological, and interdisciplinary approaches.

□ Academic Impact and Reach Impact factor: Modest. Typically below 2, indicating limited citation influence compared to top-tier journals in neurosurgery (e.g., Journal of Neurosurgery, Neurosurgery, Acta Neurochirurgica).

It is a niche specialty journal — excellent for focused exposure in skull base pathology, but it lacks broad academic penetration.

□ Critical Weakness: It suffers from low visibility outside its subfield. Articles often go unnoticed in the wider neurosurgical or oncological community. It does not set or shift clinical paradigms — it documents them post hoc.

□ Scientific Rigor and Quality Control Accepts a large proportion of case reports, technical notes, and small retrospective series.

Peer review is present, but often too forgiving, especially for:

Underpowered studies

Lack of control groups

Uncritical use of outdated classification systems

Low methodological innovation

□ Issue: There is a tendency to publish incremental or confirmatory studies that bring little to no change to clinical practice. The journal appears more interested in technical documentation than in scientific disruption.

□ Editorial and Structural Concerns Strong European and North American representation in editorial boards — which ensures prestige but limits global diversity.

Heavy presence of institutional clusters (multiple papers from same hospitals), raising concerns of publication inbreeding and limited cross-institutional collaboration.

□ Bias Risk: Occasional signs of editorial favoritism toward recurring authors or societies, potentially hampering impartiality.

□ Content Typology Highly visual and technical — rich in intraoperative photographs, 3D reconstructions, and anatomical dissections.

While useful for didactic and illustrative purposes, it leans heavily into being a surgical atlas rather than a rigorous scientific journal.

□ Some articles read more like:

“Look what we did and how,” rather than: “This changes how we should do things and why.”

□ Target Audience Perfect for:

Skull base fellows

ENT-neurosurgery collaborative teams

Technical refinement and anatomy teaching

But irrelevant for:

General neurosurgeons

Neuro-oncologists

Translational researchers

Evidence-based policymakers

□ Bottom Line Journal of Neurological Surgery Part B: Skull Base is technically polished but scientifically timid.

□ Strengths:

Great for technical demonstrations

Strong niche identity

Valuable society affiliations

□ Weaknesses:

Low impact and influence

Methodologically weak submissions often accepted

Redundant or descriptive papers with minimal novelty

Lack of prospective, high-level evidence

□ Verdict Aesthetic showcase for skull base surgery — but not a journal for paradigm shifts or practice-changing trials. Ideal for documenting the how, but rarely the why or whether it works.

Neurosurgeons seeking critical evidence, innovative methodology, or transformative insight should look elsewhere.

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Last update: **2025/06/19 17:06**

