Author's response to reviews

Title: The prevalence, pattern and clinical presentation of developmental dental hard-tissue anomalies in children with primary and mix dentition from Ile-Ife, Nigeria

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Version: 6 Date: 10 September 2014

Author's response to reviews: see over
Dear Editor,

Cover letter

Thanks for the peer review. The authors have made proper corrections to the manuscript. The corrections are highlighted below:

Saurabh K Gupta comments

1) Please reform the sentence “Of the children with anomalies, 29.1% were male, 29.8% were female” to make it more clearer as the statement at present says that 29.1% were males and 29.8% were females, then what were rest 41.1%.

The sentence has been reformed properly

2) As the authors have categorized the socioeconomic status of the children in 3 categories and the children with anomaly in it are 32.6%, 23.5% and 32.5%, the remaining 11.4% is unaccounted for.

This sentence has also been addressed properly

3) The “Notch shaped incisor: has been defined as “A condition of the teeth characteristic of congenital syphilis” and maternal syphilis as such has been there given in the exclusion criteria. Does this mean that the above mentioned anomaly was present in the children without having exposure to maternal syphilis in-utero, please clarify this.

None of the children with notched incisor in this study gave a history of maternal syphilis. It is possible that parents were not aware of the presence of this infection during pregnancy, we may have been given false information, or there may be other unknown causes of incisal notching. We have raised these issues in the body of the manuscript.

4) The sample has been taken from children aged between 4 months to 12 years. It is well known that in most of the children the milk tooth erupts by the age of 6 months and therefore the presence of deciduous teeth at 4 months should be considered as early eruption.

This is a very valid point. In view of this, we have redefined the study period as the primary and mixed dentition stage. This is also reflected in the revised title for the manuscript

5) In the study design the authors have mentioned that their study is based on clinical examination and have not used radiograph and the age covered under consideration is between 4 months to 12 years. In
the discussion part, the authors have stated “Our study, however, had a few limitations. First, the participants’ age range was four months to 12 years, so the third molars had not erupted”, in fact even at the maximum age of 12 years, the permanent canines, premolars and second molars are often unerupted, so prevalence of most of the anomalies, (like hypoplastic enamel, dens evaginatus, denainvaginatus, microdontia, macrodontia, hypodontia, transposition etc.) which are considered here in the manuscript are not their actual prevalence in permanent teeth of the children in that area.

This is an important fact. However, with the change of the scope of the paper limiting its findings to the primary and mixed dentition stage, we have deleted references to the third molar.

6) The study depicts the developmental dental deciduous hard tissue anomalies and not truly reflects the developmental dental permanent hard tissue anomalies

We acknowledge this and have therefore redefined the objective of the study

7) Please check the spelling for “Gemination”, it has been spelt as “Germination” in the whole manuscript.

The spelling has been corrected and other spelling errors also.

Kruthika Guttal comments

8) Explanation of how socio economic status correlation is important for developmental anomalies, the recording of socio economic status has been explained in detail which is not relevant to the objective of the present study.

We the authors think the socioeconomic status is an important socio-demographic variable that help define the pattern of presentation of dental anomalies just as sex does. We have therefore retained the variable in the manuscript.

9) The authors have stated in drawbacks that radiographs were not used. but assessment of hypodontia & dens invaginatus is never complete without radiographs

We have revised the paper to include these two anomalies also. We thank the reviewer for picking this up.
10) Also macrodontia & microdontia assessment are relevant without measurements of teeth dimensions on cast

We have included this in the study limitation.

11) Gemination spelling has been quoted wrong as GERmination.

Thank you for picking this up. We have corrected this

12) Elaborate MIH, DMIH. the word sex in key words does not serve any purpose.

We have elaborated on these and edited as advised

13) TMJ dysfunction has been quoted to result of dental anomalies, please provide valid references for these.

The reference has been properly addressed. (Reference 2-6)

14) Cross check reference. Some have been quoted wrong

The references have been corrected and arranged properly.

15) Additionally, in lines 196-197, what is the definition high intra-examiner reliability score? During the main survey, it is important to assess the reproducibility of scoring the dental anomalies. Was this done and if not how were systematic errors ruled out?

The authors have corrected this. The authors meant that the intra-examiner reliability was good, that is the examiner had a score of 0.8. Also the reproducibility of scoring was done during the main survey. Thanks
16) Other edit:

The authors after due consideration, concluded that MIH and DMIH should not be categorized as a hard dental tissue developmental anomaly. In view of this, we have deleted these from the data and re-computed the prevalence of the hard tissue anomalies.

Thanks.

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