Reviewer's report

Title: Mandibular facial talon cusp: review of literature and case report.

Version: 1 Date: 8 July 2005

Reviewer: Faiez N Hattab

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Major Compulsory Revision

The manuscript is an overview of the literature. Thus, the author should properly organize the present material in the form of literature review.

The Background (Introduction) should present the data in critical review. In its current form it is listing of facts, some of them are inadequately addressed. For such overview the prevalence of talon cusp in different populations should be given with some comments on the possible causes for the wide variation in its incidence (0.06% to 7.7%) reported.

The Discussion should synthesize the information presented previously and place this case in the context of the greater literature.

The References. Several references are not very relevant. Others are not the prime source of information.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Minor Essential Revision

Abstract
Page 2, line 8. early detection and treatment is essential in its management
This should read: to avoid complications.

Page 2, line 9. An unusual case on the facial .... should read: An unusual case of talon cusp on the facial....

Background
Page 3, line 20. ....a V-shaped radiopaque structure as in trace talon or semi-talon, or be tubercle-like,..... This is a misquotation. In the original article (Hattab et al) it has been stated that: ....a V-shaped radiopaque structure, as in true talon or semi-talon, or tubercle-like as in trace talon.

Page 3, line 4. Please note that other workers indicated that talon cusp contains pulp tissue (Ref.# 2, 10, 41 in the present reference list). It has been suggested that large talon cusps, especially those
stand away from the tooth crown are more likely to contain pulp tissue (Ref.# 9, 12).

Page 4, line 5. The author misquoted the prevalence of talon cusp (1% to 8%). Please note that the prevalence ranged from 0.06% in Mexicans (Ref.# 15) to 7.7% in a northern Indian population (Ref.# 16). It has also found to be relatively common in the Chinese (Ref.# 5,6) and Arab (Ref.# 9) populations.

Page 4, last line. I dont believe that the author have enough information to state that talon cusp is associated with sickle cell disease. If it happens, it is most probably a coincidental and not an integral part (association) of the condition. This statement should be omitted.

Page 5, line 2. Ref.# 11is not the prime source of the statement. Please see Ref.# 8 and 9.

Page 5, line 10. In addition to the complications cited, pathological should be included.

Page 5, line 20. Other options include reducing the bulk of the cusp.... This not an option in the treatment, it is an essential step in case of occlusal interference as implemented in the present case!

Case presentation
Why OPG radiograph was not taken to disclose any unerupted supernumerary tooth or odontome.

Discussion
Page 8. The first statement is of no value for the reader. It is not a prevalence data. A table containing published cases of mandibular talon cusp is informative.

Page 9. The first statement is uninformative. The last statement is duplicated in the Abstract.

References
Ref. # 52 is misspelled.

END
Discretionary Revisions (which the author can choose to ignore)