Major Compulsory Revisions: None. My recommendations are primarily involved in clarifying issues in understanding the material - stylistic, grammatical, etc.

Minor Essential Revisions:

I would make a small change in the title: "... on stability during the initial healing ...

ABSTRACT

Methods: ... treated patients where mini-implants were used...

I recommend clarifying the two experimental groups more precisely throughout the manuscript: As an example, the 9 mm group could be Group A or Group 9 and the 11 mm group, Group B or Group 11. For the casual reader it is quite confusing to determine which group is being discussed in the paper. This is even more problematic considering that there is actually only one experimental group in the present study. The "control group" is being referenced from a previous study. I realize that was mentioned later in the actual Methods section, but it becomes difficult to keep the 2 groups separate.

I understand the need for abbreviations, but for the casual reader it does become confusing quickly when a sentence ends up with three of these acronyms included.

Please note that ISQ was not defined in the paper. It is not in the list of abbreviations. It's determination or measurement was not described. This requires attention.

I would prefer to see simple follow-up explanations to the abbreviations. For example: "A correlation was found between RFA and ID; the deeper the screw was inserted, the higher the resonance frequency measurement. (and what should that mean to the clinician?).

Another example: Long mini-implants (11 mm) provide high stability in the midpalatal region, much like shorter ones (9 mm). After initial decrease RFA values remained stable from 4 weeks on and did not differ from the control group. Four weeks after insertion, RFA values for either length of screws was the same.
In other words, there appears to be no added clinical value to 11 mm over 9 mm screws when inserted in the anterior palate.

MATERIALS AND METHODS

ISQ is noted in the second paragraph, but is not defined and no explanation is given to what units this is measured in nor how it is measured.

I do not know what "rectangular" 3 mm insertion means.

The BASE of the mini-implant head touches the soft tissue. However, that means that the screw is not completely inserted as per manufacturer's directions? Some mini-implants are said to derive their resistance to force when the base of the head touches the bone. Why were screws not inserted completely - was it because the head would be covered by soft tissue?

A better description of a "surgical machine" would be helpful to the uninitiated. To me, that could be a surgical saw. I'm guessing that it is an implant driving handpiece from which insertion torque can be measured.

How do you measure RFA? What is the method based on? Reference should be here to the article.

I realize that this is a follow-up study to a previous pilot study and that many of these details may have been discussed then. To the casual reader, they may not be familiar with any of this information, but are interested in your findings, so making it clearer to them about the methods of measurement and their significance is important.

"... of the already mentioned pilot-study." But this needs a reference number.

"...which was a little bit more anterior in this study." why? how much is a little bit? I realize this is explained later, but is better to give a reason here.

RESULTS

This is where the delineation between the 2 groups is confusing. Naming them would help.

"... to be identical in both groups." Name them - define them. You gave statistics, but I don't know which measurement goes to which group - I have to guess.

"... was nearly 2 mm higher [shouldn't this term be 'deeper'?]" You stated that the screws were inserted until the base of the screw touched tissue, not driven to the bone. How does that affect these assumptions?

"In relation to the control group" (9 mm Group or Group B or something)

"... no statistical difference regarding measurement direction." What does that mean?
What different measurement directions were used?

DISCUSSION

". . . a sufficient number of patients. . . " what is the number and how many drop-outs? I don't want to look that up in the M&M section, tell me.

"The results . . . high primary stability" For what group?

". . . only affected lateral displacement [displacement] at a particular force value." What was affected? What was the value?

"The current investigation . . . between RFA or ID to IT." Please state this in simple terms for me.

"But the higher length . . . " Should be longer length

Another concern with 11 mm screws inserted into the anterior palate would be bicortical perforation into the base of the bone. I have done it. I also didn't know I had done it and broke the screw when I tried to remove it. I would mention the concern of bicortical anchorage or perforation with long screws.

"Stability of the surface treated . . . " I would perhaps move this sentence down to paragraphs where discussions about further clinical investigations are warranted.

CONCLUSIONS


Please carefully name each group to delineate them. Many readers only look at the conclusions and they won't understand when they read: "Long 11 mm" vs "9 mm long."

"After 4 weeks the stability was comparable," so any initial differences between 9 and 11 mm screws was lost.

FIGURE LEGENDS

You have given a caption as to what each figure is. However, you should note what is important to the reader. Fig. 1 - screws were placed more anteriorly with the 11 mm screws . . .

Fig. 2 and 3 - what is noteworthy in these graphs?

Figure 1 - please crop the picture to hide the residual cement that is remaining.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published
**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests.