Author’s response to reviews

Title: Periodontal disease in a Prader-Willi syndrome patient: a case report

Authors:

Manabu Yanagita (yanagita@dent.osaka-u.ac.jp)
Hiroyuki Hirano (denthirano@hkg.odn.ne.jp)
Mariko Kobashi (hayama@dent.osaka-u.ac.jp)
Takenori Nozaki (tnozaki@dent.osaka-u.ac.jp)
Satoru Yamada (satoru@dent.osaka-u.ac.jp)
Masahiro Kitamura (kitamura@dent.osaka-u.ac.jp)
Shinya Murakami (ipshinya@dent.osaka-u.ac.jp)

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Author’s response to reviews: see over
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Professor Michael Kidd  
Editor-in-Chief  
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Dear Professor Michael Kidd:

Thank you very much for the constructive recommendations and suggestions of the Reviewers. We are very happy for inviting the revised version of our manuscript. According to the Reviewers’ comments, we have revised the manuscript. Our responses to the comments are described on the following pages. In this submission, we added the conclusion section in manuscript file.

We hope that our revised manuscript is now acceptable for publication. We look forward to hearing the favorable reply from you.

Sincerely yours,

Shinya Murakami, D.D.S., Ph.D.  
Professor and Chairman  
Department of Periodontology,  
Division of Oral Biology and Disease Control,  
Osaka University Graduate School of Dentistry  
1-8 Yamadaoka, Suita, Osaka 565-0871, JAPAN  
Phone: +81-6-6879-2930  
Fax: +81-6-6879-2934  
E-mail: ipshinya@dent.osaka-u.ac.jp
Answer to the Reviewer’s comments.

Reviewer 1 (Dr. Manabu Morita): Thank you very much for your constructive recommendations and suggestions regarding our manuscript.

**Abstract:**
The word ‘has’ in the sentence has been deleted.

**Case presentation**
page 6, line 17 & 21: The expression of tooth number is based on FDI method...
In the revised manuscript, we used the full name of the teeth.

There in no definite information on periodontal disease...
We tried to measure the pocket depth or clinical attachment level at the patient’s first visit. Unfortunately, however, the patient did not accept the pocket measurement.

Did the authors examine microbiological profile or immunological activity?...
Unfortunately, we did not examine microbiological profile and immunological activity of the patient. Instead, we have added the description of innate immune responses of PWS patients in Discussion (p.10, l.21).

**Discussion**
In accordance with the reviewer’s comment, we have changed the expression (p.11, l.18).

**Reference**
As suggested, “Nature Genet” has been revised to “Nat Genet”.
Reviewer 2 (Dr. Mark Ryder): Thank you very much for your constructive recommendations and suggestions regarding our manuscript.

1. In the conclusion section of the abstract~~~
In accordance with the reviewer’s comment, we have stated the possible involvement of plaque and inflammation and occlusal imbalances in periodontal destruction of this patient (p.10, l.16). In addition, we described the innate immune responses of PWS patients in Discussion (p 10 l.21). Further given the similarity in traumatic occlusion, poor plaque control and immune alternation between PWS and Down syndrome, we have added the description in Discussion (p 11, l.1).

2. The numbering system for individual teeth~~~
In accordance with the reviewer’s comment, we have used the full name of teeth in the revised manuscript.

3. The concluding sentence on p10 that ~~~
Since the last part of concluding sentence was the exaggerated expression, we have revised the description (p11 l.18). What we would like to describe is the importance of early multidisciplinary medical and dental follow-up.

4. Some awkward syntax and the use of terms~~~
The word ‘has’ in the sentence of Page2 has been deleted. The term “ligneous periodontitis” was used by Günhan et al. to describe a destructive membranous periodontal disease in Journal of Periodontology (published in 1999, vol70, p919-925).

Finally, this revised manuscript has been edited by an expert in English.

Reviewer 3 (Dr. Giuseppe Scardina): We thank the reviewer for his/her favorable response to our manuscript.
Reviewer 4 (Dr. Isabelle Bailleul-Forestier): Thank you very much for your constructive recommendations and suggestions regarding our manuscript.

General Comments:

The periodontitis is unclearly described~~~

We have tried to measure the pocket depth or clinical attachment level at the patient’s first visit. Unfortunately, however, the patient did not cooperate with the pocket measurement. Thus, we examined only mesial and buccal/labial pocket per tooth. Based on this information and X-ray examination, the patient was diagnosed with localized periodontitis. This is now stated in (p.6, l.20).

For ambiguous reasons, the discussion refers to 2 genetic diseases (~Elhers-Danlos and Marfan)~~~

In accordance with the reviewer’s comment, we have referred to the case of Trisomy 21 in Discussion (p10, l.2).

Some points can be improved:

In accordance with the reviewer’s comments, we have changed the references.

The authors should explain why the patient did not benefit from dental treatment~~~

Because of the patient’s refusal, his father could not bring him to dental clinics for a long time. At present, the patient has dental treatments including root canal treatment (mandibular incisors and mandibular left first molar) at Osaka University Dental Hospital.

Finally, our revised manuscript has been edited by an expert in English.