Reviewer’s report

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

Version: 1 Date: 28 January 2011

Reviewer: Mark Ryder

Which of the following best describes what type of case report this is?: Presentations, diagnoses and/or management of new and emerging diseases

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

In general this is a well organized case presentation of a patient with periodontal disease with Prader-Willi Syndrome. While observations of caries, tooth development, and occlusion issues (particularly open bite) for this syndrome have been previously reported in the literature, the periodontal findings of this condition have only been reported in one other paper to date. As with other inherited conditions where periodontal findings have been more extensively reported such as Ehlers-Danlos Syndrome and Marfan’s Syndrome, this case is a valuable addition to a condition that affects one in 10,000-25,000. In addition, the presentation of the management of this patient with frequent scaling intervals due to the inherent behavioral and coordination problems are important observations.
This reviewer has several concerns, which should be addressed by the authors prior to consideration for publication.

1. In the conclusion section of the abstract, the statement that loss of cuspid guidance from the open bite which is characteristic of this syndrome, leading to traumatic occlusion and periodontal disease needs to be further explored in the discussion section. In particular the presence of plaque and inflammation in this particular patient would appear to be a primary etiology, with occlusal imbalances as a contributing factor. In addition, in the discussion section, the authors need to expand on possible inherited changes in the host response leading to increased periodontal destruction.

2. The numbering system for individual teeth in the dentition varies from country to country and I would suggest just using the full name of teeth with periodontal involvement (such as maxillary right first molar).

3. The concluding sentence on p10 that improvement of the oral conditions in Prader-Willis Syndrome “may increase the life expectancy of PWS patients” needs to be expanded upon and clarified as to how improved oral health would indeed increase the life expectancy of these patients.

4. Some awkward syntax and use of terms should be addressed by an English editor. For example p2 “The present treatment has of TBI”, pps 8-9 “EDS type VIII is characterized by ligneous periodontitis” (what is “ligneous”?)

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**

I declare that I have no competing interests