Author's response to reviews

Title: Pathological (late) fractures of the mandibular angle after lower third molar removal. A cases series.

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Author's response to reviews: see over
Dear Editorial Team,

Thank you for reviewer’s reports. The Referee 2 has commented favorably the article after the suggested corrections. The Referee 3 believes the article is still not acceptable for publication in its present form. We would like to thank Prof. Chrcanovic for giving us another chance to do it properly and we improve our manuscript according with its suggestions.

We have highlighted with red coloured and underlines all changes made in the text. In particular, the words added or corrected appear red coloured, bold type and underlined (e.g. The experience of the surgeon); the words deleted appear red coloured and barred by a red line (e.g. on March 2008).

As already announced previously, in addition to the reviewers comments we have removed the specific dates found in the case presentations and any text from figure 4 which may reveal the patient’s identity.

We hope that these changes in our manuscript make it suitable for publication in your Journal.

Best regards,

Prof. Tommaso Cutilli
Waiting to hear Your notices,

I greet You cordially

Prof. Tommaso Cutilli

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PATHOLOGICAL (LATE) FRACTURES OF THE MANDIBULAR ANGLE AFTER LOWER THIRD MOLAR REMOVAL. Three news cases and review.

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ABSTRACT

Background. Pathological (late) fracture of the mandibular angle after third molar (M3) surgery is very rare (0.005% of the M3 removed). The cases reported in literature are 111. Method. AA describe three new cases in male patients 27, 32 and 36 years old which underwent to 3.8 surgical removal, respectively, 20, 22 and 25 days before. Results. Panoramic radiographs showed compound fractures without dislocation of fragments at sites of M3 extraction with oblique mesio-distal rhymes (unfavorable fractures). Removed teeth had following characteristics: 1) vertical variety, class II - C; 2) mesioangular variety, class I - B; 3) mesioangular variety, class II-C. Fractures were treated with open surgical reduction, internal fixation (IF) by miniplates and IMF (intermaxillary fixation).

Conclusions. The literature indicates that the risk of late fracture of the mandibular angle after surgery of M3 is double for total inclusions (Class II-III, type C) due to necessity of ostectomies more generous than in the partial inclusions. Important factor is also the anatomy of the teeth and the features of the teeth roots. The predominance of these fractures occurs in subjects with more
than 25 years. The highest incidence (67.8% of cases) is found in the second and third week post-surgery. AA emphasize that before the M3 surgery it is extremely important to always provide adequate instructions to the patient in order to avoid early masticatory loads and prevent this event so that, although rare, can still occur.

**Key Words:** Late Mandibular Angle Fractures - Lower Third Molar Removal - Early masticatory loading