Author’s response to reviews

Title: The Association Between Minor Recurrent Aphthous Stomatitis (RAS), Children’s Poor Oral Condition, and Underlying Negative Habits and Attitudes Towards Oral Hygiene

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Author’s response to reviews:

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Revised Submission for BMC Pediatrics

Dear Dr. Zalm,

Maria Zalm, MD

Editor in Chief

BMC Pediatrics
We would like to thank you and the Reviewers for your time and effort in carefully reviewing the manuscript titled “The Association Between Minor Recurrent Aphthous Stomatitis (RAS), Children’s Poor Oral Condition, and Underlying Negative Habits and Attitudes Towards Oral Hygiene”, for the constructive comments, and for the opportunity to revise the manuscript.

We revised the manuscript by thoroughly addressing each of the issues raised by the Reviewers. In the following, we report the Reviewers’ comments and we answer each single query. The changes we made to the manuscript are highlighted in yellow.

Reviewer #1 – Alessandra Majorana (Reviewer’s Recommendation: ‘Accept without revision’)

1. The manuscript is very well done anyway it does not add significantly anythings to the Literature.

Response to Comment #1. We thank the Reviewer for her positive judgment about the overall quality of the paper. With respect to the observation that the paper would not add anything new to the literature, however, we would like to note that this is ostensibly at odds with the first remark of Reviewer #2 (Dr. Sivia Lapidus) who, by contrast, judged the study as ‘well-done’, and also added that the study has clear ‘clinical relevance and implications’. Further, we would like to highlight that our study has both clinical and psychosocial relevance, for it is explicitly focused both on clinical and psychological endpoints. Today, both clinicians and policy-makers operating in and outside health-care institutions do not only welcome, but also explicitly look for such research results that go beyond primary (clinical) endpoints. To be sure, secondary, person-centered end-points are indeed very welcome in this respect, and they do truly represent a distinctive feature of our study, which clearly contributes to the scientific literature in novel ways. We thank again the Reviewer for giving us the opportunity to elaborate on this important point.
Reviewer #2 – Sivia Lapidus (Reviewer’s Recommendation: ‘Accept after minor essential revisions’)

1. Well-done study with clinical relevance and implications for improved patient outcomes.

Response to Comment #1. We thank the Reviewer for her open appreciation of the study, of its relevance, and its clinical implications.

2. Would review which letters are capitalized and maintain consistency throughout the manuscript (especially with RAS).

Response to Comment #2. We thank the Reviewer for this observation. We have carefully reviewed the manuscript and fixed the issue by capitalizing the first letters of any acronym (e.g., RAS) throughout the text (changes are highlighted in yellow).

3. Questions used in methodology are grammatically incorrect and would benefit from revision (one change)

Response to Comment #3. We thank the Reviewer for this suggestion. We have now rephrased some of the sentences in the Method section, especially those relative to the translation of the questionnaire into English. We hope, thereby, to have improved the overall readability of that part of the Method section. The changes (pp. 4-5 of the revised manuscript) are highlighted in yellow.
4. Would not emphasized limitations in conclusion considering finding of relationship of dental hygiene and RAS.

Response to Comment #4. We thank the Reviewer for rising this point. Yes, it is true, emphasizing limitations in the Conclusion section actually weakens the strength of the take-home message, and renders the conclusion somewhat ambiguous. We have now deleted the introductory part of that section. We now begin with, “These systematic relations suggest that…” (Abstract, p. 2), and also end with “The observed association between minor RAS and…” (Conclusion, p. 11).

5. Commenting on future psychological studies that would elucidate the link between RAS/oral hygiene and psychological health would be extremely relevant.

Response to Comment #5. We thank the Reviewer and do agree with this point. In order not to burden the paper, however, we decided just to hint at the issue by simply sketching what we believe might be a promising interpretive model for further research in this field of investigation. More specifically, we integrated the Reviewer’s suggestion into the paper, by stating that ‘…future clinical and psychosocial studies elucidating the link between RAS/oral hygiene and psychological health would be extremely relevant and useful in this field. Researchers could systematically test the idea, for instance, that …’ (p. 10). We thank the Reviewer again for her constructive remark.

Reviewer #3 – Anthony Magit (Reviewer’s Recommendation: ‘Accept without revision’)

1. The prevalence of RAS is relatively low in this population; however, the authors provide broad conclusions and do not attempt to provide a detailed explanation for the potential causative
link between dental decay, dental hygiene, parent involvement with dental care and the occurrence of RAS. The general recommendation made by the authors with regard to increased vigilance in assessing the presence of dental decay in patients with RAS is reasonable.

Response to Comment #1. We do agree with this remark, and do thank the Reviewer for rising it. Even when, in this case, no specific revision was recommended by the Reviewer (‘Accept without revision’), we nevertheless integrated his suggestion into the manuscript, by introducing a swift paragraph into the final part of the paper. The paragraph deals with the potential causative links among the variables specified by the Reviewer in his comment (i.e., dental decay, dental hygiene, parent involvement with dental care and the occurrence of RAS) (p. 10). Further, we do also appreciate that the Reviewer deemed as reasonable our general recommendation of keeping increased vigilance in assessing the presence of dental decay in patients with RAS.

Now that we have carefully addressed, point by point, all of the issues raised by the Reviewers—whether they recommended to ‘accept the paper as it is’ (2 out of 3), or to ‘accept it after minor essential revisions’ (1 out of 3)—, we feel that the current version of the manuscript has clearly benefited from the revision. We would like, therefore, to thank you and the Reviewers, once again, for your precious time and effort, and do also hope that this improved version of the manuscript meets your expectations for publication in BMC Pediatrics.

Sincerely,

The authors