Author's response to reviews

**Title:** How Effective is Collagen Resorbable Membrane Placement after Partially Impacted Mandibular Third Molar Surgery on Postoperative Morbidity: A Prospective Randomized Comparative Study

**Authors:**

Adnan Kılınç (adnankilin@yahoo.com)

Mert Ataol (ataolmert@gmail.com)

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**Author’s response to reviews:**

Dear Editor;

We are pleased for your positive decision for our manuscript with the number of OHEA-D-17-00129 with the title of "How Effective is Collagen Resorbable Membrane Placement after Partially Impacted Mandibular Third Molar Surgery on Postoperative Morbidity: A Prospective Randomized Comparative Study".

We have completed all the recommended corrections.

Our responses to reviewers are explained below.

Related documents have been attached.

The paper was edited by Elsevier Language Editing Services.

Sincerely

Dr. Adnan Kılınç
Dr. Mert Ataol

Reviewer#1

1. The reviewer #1 suggested that we should mention about indicate how patients were assigned to different groups.

   We added a paragraph to the material&method part (line 49-52 ) as follows;
“The examination and clinical selection of the patients was carried out by a single researcher who performed the surgical procedure. Patients were randomised by the envelope method. Postoperative measurements performed not by the surgeon but by the other third-party blinded researcher who had no information about the patient and study group of patient.”

Reviewer #2

1. The reviewer #2 also suggested that we should mention about the methods used to the random allocation sequence

We added a paragraph to the material&method part (line 49-52) as follows;

“The examination and clinical selection of the patients was carried out by a single researcher who performed the surgical procedure. Patients were randomised by the envelope method. Postoperative measurements performed not by the surgeon but by the other third-party blinded researcher who had no information about the patient and study group of patient.”

2. The reviewer #2 asked to us that “In the sixth paragraph (sentence 4) of METHODS, the author stated that the scores were measured and calculated by the researcher. Who is the researcher? Is the surgeon also the researcher? Please specify. Also it is unclear if this evaluator is blinded.”

We revised that part and explained at previous response.

3. The reviewer #2 suggested that the tables should contain more details.
We revised the Table 2 according to reviewer 2’s recommendations;

4. A- The reviewer #2 requested to more clear descriptions in the 3rd paragraph of RESULTS

We revised that part (line 150-153) as follows and the grammar errors you specified were corrected in all manuscript ;

“There were no significant differences between the PC and MBPC groups (p >0.05). When the swelling was assessed subjectively with VAS, the scores showed a statistically significant difference between the three groups at all times recorded (p<0.005). However, there was no statistically significant difference between SC and PC on the 1st day (p=0.184).“

B- The reviewer #2 suggested grammer editing

We refer to a professional editing service. (Elsevier Language Editing Services)
5. The reviewer #2 requested to variate analysis on the surgical difficulty.

We thank you for this criticism in order to improve the quality of our manuscript. Univariate analyses showed that independent variables have no effect on “Surgical Difficulty”. Additionally, the linear regression analyses for “surgical difficulty” were done and statistically significant regression model couldn’t be constructed. According to our opinion, these results do not need to be included in the manuscript.

6. A- The reviewer #2 asked us that “In the 7th paragraph, 1st sentence of DISCUSSION, is there a typo of “10% of SC group” for “20% of the PC group?”

Thanks for his attention; we corrected that sentence (line 257-258) as follows, in addition, all statistical data and statistical methods of the study have been re-checked;

“Wound dehiscence was found in 20% of the PC group and 6.7% in the MBPC group, and there was no significant difference between the two groups.”

B-The reviewer #2 requested to detailed explanation about the results of differences with the literature.

We revised that part (line 258-271) as follows;

Wound dehiscence was found in 20% of the PC group and 6.7% in the MBPC group, and there was no statistically significant difference between the two groups. In the present study, the relatively high dehiscence ratio in the primary healing group may be due to the increased tension of the sliding flap. Sandhu et al[29] and Jakse et al.[7], who applied vestibular triangular flap types, reported relatively low rates of 5% and 10%, respectively. However, in a study applying the same flap type, Pasqualini et al.[1] reported a rate of dehiscence as high as 33% distal to the 2M. In the studies mentioned above, it has been noticed that the teeth included these studies were completely covered with mucosa. In such cases are superior in terms of primary healing because of there is no tissue loss when the flap is closed to its original position after surgery. [3, 7] The relatively high dehisence ratio (33%) reported by Pasqualini et al.[1] may be due to study variables differences between this study and our study. On the other hand, relatively minimal wound dehiscence in the membrane-based primary closure group suggests that resorbable collagene membrane usage may support primary healing.

7. The reviewer #2 suggested that we can mention about clinical significance of this manuscript

We added a sentence to the introduction part (line 34-35) as follows;

“By the way, we would be able to comment on whether resorbable collagene membrane usage is appropriate and preferable.”
8. The reviewer #2 requested to author recommendations about membrane usage

We added a sentence to the conclusion part (line 305-306) as follows;

“As the primary outcome of this study, resorbable collagene membrane usage showed clinically satisfactory results.”