Author’s response to reviews

Title: Prevalence of Gingivitis and Calculus in 12-year-old Puerto Ricans: A Cross-Sectional Study

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Point-by-point Response Letter

Reviewer reports:

Aliye Akcali (Reviewer 1): Minor comments:

The authors responded majority of the comments but some additional revision is still needed. Please find additional comments below

1) Comment: There is still punctuation and grammatical errors throughout the text. (e.g. brackets, abbreviations).

Response:

The punctuation and grammatical errors have been revised throughout the manuscript.

2) Comment: In abstract section page 2 line 39-40-41: the sentence may better read as: 'Gingivitis was defined as the presence of gingival bleeding upon gentle probing (BoP) in at least one site and the extent of the problem was classified according to the percentage
of teeth whose gingiva presented BoP (limited: 25-49% of the teeth tested; extensive: >50% of teeth tested).

Response:

The sentence was revised as the reviewer suggested (Page 2, Line 4-44).

3) Comment: In the abstract section line 46-47: please add the value for Urban-public schoolchildren as well.

Response:

We have added the % value for Urban-Public schoolchildren value (Abstract, Lines 48-50) and added the missing p-value.

4) Comment: In abstract section, line 34-35: please also add 'health regions' into the brackets.

Response:

We have added ‘by health region’ to the sentence (Page 2 Line 45). This is outside of the brackets, since these refer specifically to school types.

5) Comment: Please revise % used before the number or any abbreviation and please revise as: BOP% (e.g. in the abstract and page 10 line 215).

Response:

The use of % before a number or abbreviation was revised throughout the manuscript.

6) Comment: Please be consistent regarding the sub-gingival or subgingival throughout the text.

Response:

The term subgingival has been used throughout the manuscript.

7) Comment: Please do not abbreviate dental calculus as DC.

Response: The complete term ‘dental calculus’ instead of the abbreviation DC has been used throughout the manuscript. The abbreviations PD and GE have also been replaced with ‘periodontal disease’ and “gingivitis extent”.

8) Comment: U.S. or US please select and use same.

Response: The abbreviation U.S. has been used throughout the manuscript.
9) Comment: Page 7, line 149: please revise as 'soft tissue examinations'.

Response:

The sentence was revised as ‘soft tissue examinations’.

10) Comment: Page 7, line 150: please use abbreviation BOP.

Response:

The abbreviation BOP has been used in Page 7 Line 152. BOP instead of BoP has been used throughout the document.


Response:

We have eliminated the repetition (Page 9-10 Lines 208) and rephrased the Statistical Method Section in order to clarify the section.

12) Comment: Rural/public or rural-public? Please use same style in both tables and the text.

Response:

‘Rural-public’ and ‘urban-public’ has been used in both the tables and the text throughout the manuscript.

13) Comment: Page 11, line 234-245: please add the values as percentages.

Response:

The reviewer was referring to line 234-235 where % values were missing. However, on close inspection, the figures were repeated below. Therefore, the sentence has been deleted for clarity and to avoid unnecessary repetition.

14) Comment: In the results section, 'Bleeding on probing' part includes some repetitions from the previous part please revise or combine them.

Response:

The bleeding on probing part of the Results section has been revised. All repetitive commentary has been deleted.

15) Comment: In the discussion part, no need to repeat the aim of the study in here (Line 266-269).
Response:

The aim of the study was deleted from the Discussion Section.

16) Comment: This is because the most appropriate method for dental plaque detection involves the use of a disclosing solution…. Please add citation to this statement because the other used plaque recording methods are still valid in order to evaluate plaque levels of the study populations.

Response:


17) Comment: In the discussion and the conclusion sections still repetitions exist, please revise these parts by eliminating them.

Response: We have revised the Discussion and Conclusion sections and eliminated unnecessary repetition. It has been restructured in order to improve clarity and logical progression.

18) Comment: Please add the partial-mouth examination as a limitation of the study and discuss the high number of teeth that were not evaluated (On average, 0.68 teeth, more than half!).

Response:

We have added the partial-mouth examination as a limitation of the study and detailed the procedures used to minimize this limitation as well as highlighting the small number of excluded teeth per child. (Page 13 Lines 278-281). Regarding the number of teeth, less than 5% of the teeth were excluded from evaluation. Therefore, we have modified the results section to read: “On average, 0.68 teeth per child (4.9% of teeth) were not evaluated, since they were missing...”. (Page 11 Line 227-230). In addition, we have added a reference (# 37) to support the partial-mouth limitation statement (Albandar JM. Underestimation of Periodontitis in NHANES Surveys. J Periodontol 2011; 82:337-341).

19) Comment: In the discussion section, line 287: Oral hygiene performance including tooth brushing and flossing prior to the clinical examination may also underestimate the clinical situation by removing the dental plaque and reducing the bleeding.

Response:

We agree with the reviewer that oral hygiene performance including tooth brushing and flossing prior to the clinical examination may also underestimate the clinical situation by removing the dental plaque; however, in this single visit study dental plaque was not an outcome measure. The
reduction of BOP is unlikely to occur by pre-exam oral hygiene procedures in a cross-sectional study.

20) Comment: If the authors collected the data for dietary habits why did they not present this data briefly? In that case, their assumption on dietary habits shown below was supported by data.

'This BoP variation could arise from differences in oral hygiene and dietary habits, education, health promotion dissemination, and SES that need to be explored further.'

Response:

These associations are currently under exploratory analysis and will be addressed in our future publications. We have modified the sentence as follows: ‘This BOP variation could arise from differences in oral hygiene, dietary habits, education and, health promotion activities. These associations will be explored in our future publications using this data set.’ (Page 14 Lines 299-305).

Morenike Oluwatoyin Folayan, MBChB, FWACS, MBA (Reviewer 2):

Comment:

The authors have addressed my comments extensively. Just one clarification required: The authors collected information on the medical history of the participants. This information was not used in anyway in the entire analysis. If this was not relevant for the manuscript, can this detail be deleted from the manuscript? I assumed this was important for eligibility criteria assessment but it seemed it was not used.

Response:

An earlier review asked for extensive medical information. However, we did not use these data in the current analysis. Therefore, we have minimized the detail in this manuscript (Page 6 Lines 135-136) but retained mention of this for completeness in reporting study related procedures. These data will be used in future publications.

Other modifications:

Reference additions: We have included 2 additional references. The first one (# 36), as suggested by Reviewer #1 and # 37 to support the statement about the limitation of partial-mouth examinations.