Author’s response to reviews

Title: Caries Prevalence and Dental Health of 8-12 Year-Old Children in Damascus City in Syria during the Syrian Crisis; a Cross-Sectional Epidemiological Oral Health Survey

Authors:

Muhammed Al-Huda BALLOUK (dr.muhammed.alhuda@gmail.com)

Mayssoon DASHASH (mdashash@yahoo.com)

Version: 3 Date: 17 Dec 2018

Author’s response to reviews:

Dear Professor Dr. Marlise Klein;

This is concerning: OHEA-D-18-00438, with the title of “Caries Prevalence and Dental Health of 8-12 Year-Old Children in Damascus City in Syria during the Syrian Crisis; a Cross-Sectional Epidemiological Oral Health Survey”. By: Muhammed Al-Huda BALLOUK, & Mayssoon DASHASH.

Have a beautiful day …

Please read fully and till the end …

I would like to start by thanking you for your devotion, patience and for all the efforts you put in the case of my paper. However, I wish for more understanding and care at the 4th reviewer side.

Upon your kind personal request/recommendation, here are the answers to the 4th reviewer comments in details and whenever a change in the manuscript is both possible and appropriate then surely you can find it already done and edited in this 3rd revised version of the manuscript. But first I want to ask for a favour, a favour that is already in my right as an author, and which is also part of your duties and responsibilities as the handling editor of my paper. I would be more thankful to you if you reread all the reviewers’ comments, answers to the reviewing forms, and even decisions along with all my answers and comments on them and all the emails regarding this submission, and I insist “all” please, former and present read them all again one more time since the beginning. I know this may seem much but I am sure you can handle it with ease. It is
necessary so you can assess the situation better and it will help you in getting what I mean in here more precisely.

Before getting into the response to each of the raised points I need to draw your attention to an important issue. Both Isabel Adler (Reviewer 1), and Jose Leopoldo Ferreira Antunes (Reviewer 2) made the fair just verdict of accepting the paper, also Lynn Al-Zwaylif (Reviewer 3) reached the same decision after having me edited my paper according to her kind rightful comments which I have already acknowledged and replied to positively and I hope she got my reply by the way. Having them accept it, these respectful BMC reviewers, makes it clear that the paper is already valid and of a great value that should be encouraged to be published, I think. Still, I do respect your personal opinion if it is otherwise.

Anyway, now we shall move on to the comments raised by the 4th Reviewer (Peter Bottenberg), as always point by point …

1. Quoting the answer to my earlier reply: “Also, statistical analysis could be improved. If the authors state that there was a relation between dmf-t and DMFT (at least in the references, a correlation analysis on their data material could have shown this (or not). Furthermore, there is not a relationship between area and caries but a difference between areas. Otherwise, some risk factor must be supposed to exist in specific areas. A further analysis with socio-demographic variables (if available) might have given an argument to speak of a relationship but it remains to be shown.”

Answer: this was proven by other researchers and doesn’t even require a study. Well you have the right to ask why? Well, simply the higher the bacterial burden in the oral cavity as a child the higher the chances are to develop more and more caries and oral diseases later on. Also, at such an age like that which we had surveyed most if not all oral hygiene habits are already developed so if a child at the age of 12 doesn’t brush well then don’t expect them to brush well at the age of 18 (unless they have participated in our study for we did all the best to change that). Again, that point is already studied by many researchers worldwide and we did mention this in the text, I guess. Moreover, it is not what our paper is about! We are assessing the grounds we stand on through an epidemiological study and had you been here in my place you would have known that achieving this is a miracle already especially that the data collection had taken place in a time when the city was being bombarded by mortar attacks and I myself was injured while I was collecting the data! That was in the “Old City” district. One more thing, since the very beginning
the title says: Cross-Sectional, Epidemiological, so I guess this is clear. And as for the relationships that you were questioning like the socio-demographic factors for example, well some of them were published locally and I guess this has been mentioned earlier. Why locally? Good question and I hope the answer will be as good as the question itself. We decided that we publish that part in local peer-reviewed journals to guarantee that it reaches the local audience. I will give you a brief example. In here there is a problem regarding family size. Imagine that I came across children that are to a family of a father, a mother, and 14 children! Yes 14!!! And it wasn’t a rare case by the way. My point is, if I mention this in my paper in here it wouldn’t have reached the audience it should actually reach and the audience that will get my BMC paper may not be interested in knowing that “more children less health equation” especially that so many countries around the world don’t have this problem by now! While on the other hand, the epidemiological data of the ground field regarding oral health in a country that has been in a state of war for about 7 years and with circumstances that I wish no body to have, well I guess it is an international health matter of so much importance to be published, right?

2. Quoting the answer to my earlier reply: “of course, WHO allows recording at enamel level, although nowadays many studies record at dentinal level in order to relate this to operative treatment need (Castro et al. BMC Oral Health (2018) 18:122). If you have the data, you should split them according to enamel and dentine in order to discern between first clinical signs and established lesions.”

Answer: The WHO standards declare very clearly that the recording should be at the enamel level. Still, surely any researcher is free to check for otherwise but I would like to draw your attention then that this is not the DMFT but rather what you can call purpose-designed index or even maybe the modified intervention urgency index. If I still have the data for those 1500 children? Well, the data was recorded immediately at the examining field and it was recorded as to the DMFT criteria by the WHO. So, no, we cannot by now get to know what was dentinal or cavitated and what is still in enamel. Sorry for that.

3. Quoting the answer to my earlier reply: “by the way: it is logiSTIcal considerations...”

Answer: Not accurate, Logistical Limitations (or Considerations) have to do with accessibility to districts, transportations, the presence of the study materials and supplies, stuff that have to do with barriers to the field work or what is called logistics. What we were trying to address here
was not that at all but rather the limitations of the examination procedure results themselves and in a lesser degree the reliability.

4. Quoting the answer to my earlier reply: “You should be aware that nowadays calibration by photographs is quite well established and does not traumatize children (or even adult patients). In the annotated version two references are given for your instruction.”

Answer: Thanks for the advice but this cannot help by now as the study is already over. Surely we will try make use of this advice in the future and I guess it will prove helpful.

5. Quoting the answer to my earlier reply: “The way you presented your results leads to confusion. You probably intend to use a kind of sloppy plural form by adding an "s" at the end of the acronym. Just drop all the "s" throughout the manuscript to conform it to current practice.”

This was the answer to my earlier reply which I quote hereby:

"You recorded DMF-s/dmf-s: which surface on what tooth was more affected (expand information given on page 8) ? Did this differ according to sectors (as DMF t and s seem to be quite different per sector)?" I quote you in here. Well, I would like to draw your attention sir that the DMFTs and the dmfts indices are the ones that are usually used on large size epidemiological surveys as you know and these are the ones used in our study too and NOT the DMFSs or the dmfss and you can double check the original manuscript to find out there has been no mentioning at all for the DMFSs index in the entire manuscript. The use of the DMFSs as am sure you know would have proven inadequate and unnecessary especially with a large sample size of 1500 children and under such circumstances not to mention that no preventive measure was applied earlier to study its effectiveness.”

The end of my earlier reply. And now the answer to this new comment …

Answer: No problem consider that plural “S” to be deleted. But still I don’t think it is that confusing as the T and S are so different in shape unlike M and N for example. Still, definitely consider it done.
5. Quoting the answer to my earlier reply: “You can have more space for a more comprehensive presentation of several oral health indicators by dropping table 1 and in my humble opinion better present one comprehensive paper than slicing up data like a sausage.”

Answer: In papers like our manuscript concerned with international oral health issues, the main focus is on geographical comparisons worldwide. And the only way to do so is by summarising the international values for the used indices here and there. This is why I find table 1 to be so important. And as for mentioning other indicators as you called them (I guess you meant indices) well I have just answered this in my present response (the family size example). Now, one very important thing that sort of offended me “slicing up data like a sausage”! Honestly, I never expected to have such a description in a review for my paper.

6. Quoting the answer to my earlier reply: “generally, not to confound less statistically learned readers and to allow comparability with previously published data, mean +/- SD is accepted. You should then supply the information on normal distribution (SPSS offers this possibility)”

Answer: I know that. But this an epidemiological health study and explaining much math work or statistics will make it so boring for the readers that are not that specialised in this field and will make it more complicated to be understood rather than explain it.

7. Quoting the answer to my earlier reply: “This is not true: in table 1 (which is referenced in your text after tables 2 & 3) you have at least three papers from Syria published in 2009-2016 [#16, 20, 26] which may reflect the pre-crisis situation. By the way: do all these references in table 1 pertain to enamel lesions?”

Answer: As for having table 1 explained in depth after tables 2 and 3 then you should read the earlier original manuscript to find out that this was not the case and it only has become so after following the comments of Reviewer 3. And the part that you highlighted in red in the attachment file was not there in the original submission and was done so as to the 3rd Reviewer order. Still, I think that reviewer 3 is not mistaking as I have introduced the table earlier and it is only that the full explanation of the table is done thoroughly later on. Now as to the references part. Reference number 16 is for a study discussing Lattakia (the far west of Syria), Reference number 26 is for a study discussing the Eastern Sector (which is closer to Baghdad in Iraq than it is to Damascus in Syria and is in the Far East of Syria and with a totally rural lifestyle and
different diet). As for Reference number 20, the age group in that study was 5. We are discussing a totally elder age group and the age of 5 is not indicative in a way about a population while elder ages like 12 can have some significance as most oral habits and hygiene practices are already established by that age. As for the enamel and dentinal lesions discussion I answered that earlier. However, in here I would like to add that these are DMFT and dmft values and therefore it is yes unless stated otherwise (none stated otherwise as to what I recall).

Finally, thanks for your time and understanding.

Again, I highly appreciate all your efforts, patience, and time put in editing and managing our manuscript and I am so much thankful for that indeed.

I am waiting eagerly for your reply and hoping for it truly real soon please, especially that I wish to get my acceptance letter before it is Christmas and Christmas is soon.

Merry Christmas and Happy New Year, in advance.

Best Kindest Regards

Yours Sincerely

Dr. Muhammed Al-Huda BALLOUK