Author’s response to reviews

Title: Risk Indicators of Aggressive Periodontitis

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Reply to Reviewers comments

The authors wish to thank the reviewer for their valuable comments. We have answered the reviewer’s questions and made the necessary changes/corrections.

Objectives Section
1. In the Objectives section, the general benefits of studying risk indicators of aggressive periodontitis (AgP) are described. Our study has not fulfilled all these potential benefits, as such benefits need more studies, and the collaborative work of many destinations in the country. In addition, knowledge of non-modifiable risk indicators, is important in reaching a diagnosis. For example: knowledge of the most susceptible age groups and gender distribution is important in the study, understanding, diagnosis and management of any disease, despite the fact that they cannot be modified.

We have also added the statement “understand non-modifiable risk indicators” in line 52, in the Objectives section, to make the paragraph more understandable.

Background
1. In the Background section, the risk factors of AgP mentioned include dental plaque (biofilm) which represents the microbial factors; genetic polymorphisms (polymorphisms was added for clarification), that represent genetic factors.
2. “In line no. 76, mention the year in which AAP classified periodontitis”: it is now mentioned, but it is in line 84.

3. The background section was made more elaborate and longer.

Patients and Methods
1. “How were the patients selected?”: Patients included in the study were patients who attended JUST Dental Teaching Centre (DTC) Periodontics clinics, seeking periodontal treatment. They were examined and diagnosis established. Patients who were diagnosed with AgP were included in the study, provided they did not have any of the exclusion criteria.

2. “How can it be ascertained that the patient gave correct history regarding the presence of periodontal problem in the family members?”
The examiner educated every patient with respect to periodontal diseases. Further, patients were asked whether any of their family members had lost their teeth because of periodontal disease or mobility, particularly if this happened in their forties or earlier. Of course, we cannot be certain that patients provided accurate information regarding family history of periodontal disease. However, we did not use family history of periodontal disease as a main criterion for diagnosis. Furthermore, we were able to verify family history in some cases, as other affected family members were treated in the same clinics (JUST DTC).

3. Radiographic findings that confirmed the diagnosis of AgP included: generalized bone loss, vertical bone loss, especially the presence of the characteristic arc-shaped defects around 1st molars. Many patients demonstrated a combination of horizontal and vertical bone loss. The presence of severe bone (and attachment) loss at an early age confirmed AgP diagnosis.

NB: we have changed the title of this paragraph slightly and included the word radiographic examination.

4. “The cases with uncertainty of diagnosis between AgP and chronic periodontitis…”: what we mean is that such cases were not included at all in the study sample and were excluded completely form the start: they are not part of the 81 AgP patients.

5. Radiographs for the control group: actually, this is an editing error in preparing the manuscript. No radiographs were taken for any of the controls. This has been corrected in manuscript; “Patients and Methods”; Controls section.

6. “Equal numbers of males and females”: it was not possible to do that within the time limits of this study, which was carried out over 18 months. Moreover, in Caucasians (including populations of Mediterranean origin), AgP was reported to be more prevalent in females. Our sample probably reflects this fact.

7. “Criteria to choose controls”: some of the controls were individuals escorting their family members to the DTC periodontics and other clinics, some were dental students who volunteered to participate in the study, others were dental patients who came for routine screening and check-up, or for some other problems such as dental caries, recurrent oral ulcers…etc.
8. Full name of PI and GI: the full name of the plaque index (PI) is already mentioned. We added the abbreviation of the gingival index (GI) in the same paragraph “Interview, clinical and radiographic examination”.

9. We are not sure what the reviewer means by “Race calculations” in the materials and methods section. If they mean ethnicity, then the whole sample was Jordanian, of Caucasian race, with Jordanian parents and grandparents.

Results, Discussion and Conclusion Sections
1. With respect to smoking: we are stating that smoking is a major risk factor for periodontal diseases. However, our results show that controls reported a higher prevalence of smoking than AgP patients. The reason for this might be under-reporting of smoking by Jordanian female patients, as it is considered socially unacceptable for females to smoke cigarettes. This was not the case in the control group, possibly because this group consisted of more educated individuals including females, who answered questions regarding smoking in a more honest and objective way, regardless of the social opinion or belief regarding female smoking.

2. Including all significant findings in the Conclusions section: all significant findings are now included in the Conclusions section.