Author's response to reviews

Title: TREATMENT OF RECURRENT APHTHOUS STOMATITIS (RAS; APHTHAE; CANKER SORES) WITH A BARRIER FORMING MOUTH RINSE OR TOPICAL GEL FORMULATION CONTAINING HYALURONIC ACID: A RETROSPECTIVE CLINICAL STUDY

Authors:

Domenico Dalessandri (domenico.dalessandri@unibs.it)

Francesca Zotti (francesca.zotti@univr.it)

Laura Laffranchi (laura.laffranchi@unibs.it)

Marco Migliorati (marco.migliorati@unige.it)

Gaetano Isola (gisola@unict.it)

Stefano Bonetti (stefano.bonetti@unibs.it)

Luca Visconti (luca.visconti@unibs.it)

Version: 2 Date: 25 Jun 2019

Author’s response to reviews:

Dear Prof. Ziad AL-Dwairi,

thank you for considering our manuscript for publication on BMC Oral Health journal and for the interesting reviewer’s suggestions that we tried to incorporate into our paper. Here we report a point-by-point response with the amendments that have been made to the manuscript text and the indication of where these can be viewed. Correction and changes are all red-highlighted in the text.

Reviewer #1

• (General comment): «This paper deals with a clinical retrospective study concerning a case series of 45 patients split in two groups and comparing efficiency of two different topical agent (gel and mouthrinse) containing hyaluronic acid for recurrent aphthous stomatitis. Few clinical studies have compared in this original way these two types of treatment.»

R: thank you for appreciating the idea behind our study.
Although the histopathological progression of the aphthous lesions formation follows a common pattern, triggers vary between individuals and may include nutritional deficiencies, local trauma, stress, hormonal influences, allergies, genetic predisposition or other factors[3].

Major RAS that account for about 10% of all RAS are larger (diameter can exceed 10 mm) in principle, major RAS exceed 10 mm otherwise it is not a major canker sore.

A temporal physical barrier over the ulcerous lesion protecting it from oral traumas[15]: lesions have to be much more protected from oral traumas not from oral cavity it doesn't make sense.

(GUM® AftaClear® gel) & (GUM® AftaClear® rinse) should completed in principle by the town and country where it is manufactured.

Redness of ulcerous lesions was assessed as follows: stage 6 - intense grey-yellow with red edges (GY-R); stage 5 - intense grey-yellow without red edges (GY); stage 4 - yellow (Y); stage 3 - grey (G); stage 2 - red (R); and stage 1 - normalized (N).

We explained in the text which clinical scale we used, adding the following sentence: “Redness of ulcerous lesions was assessed as follows: stage 6 - intense grey-yellow with red edges (GY-R); stage 5 - intense grey-yellow without red edges (GY); stage 4 - yellow (Y); stage 3 - grey (G); stage 2 - red (R); and stage 1 - normalized (N).”

Major canker sore was excluded? this point should be mentioned
R: The corresponding sentence was modified in: “2. Type of recurrent aphthous stomatitis (RAS): Minor ≥ 4mm and <10mm, Minor < 4 mm, herpetiform. Major aphthous lesions were excluded.

This clarification was also reported in: Results (Patient Population, Lines 206, 208-210, pag 9) as follow: “The different types of recurrent aphthous stomatitis (RAS) (Minor ≥ 4mm and <10mm, Minor < 4 mm, herpetiform) were equally distributed between the two groups (Fig. 1), with 35% minor ≥ 4mm and <10mm (7), 50% Minor < 4 mm (10), and 15% herpetiform (3) in the Rinse group; and 32% Minor ≥ 4mm and <10mm (7)”

• (Method Data collection, Lines 169, pag 8) point #3: in principle, RAS occurs with several lesions in the mouth mucosa => which lesion did you choose for measurement? the biggest one? this point should be mentioned and should related to the point #6.

R: Few patients presented more than one ulcer at the same time: in these cases all lesions were considered. In patients presenting herpetiform ulcers, only the biggest lesion was measured. The sentence was then changed in: ”3. Initial size of each ulcer or, in herpetiform cases, of the biggest one”.

• (Methods, Data collection, Lines 173-176, pag 8) point #7: this point should be presented more clearly, use for example « 4,5 or 6.. different stages were used to characterize the clinical aspect of ulcer ….»

R: In order to improve this sentence clarity, we modified it in the following way: “Change of color of the ulcerous lesions was characterized using a six stages scale: stage 6 - intense grey-yellow with red edges (GY-R); stage 5 - intense grey-yellow without red edges (GY); stage 4 - yellow (Y); stage 3 - grey (G); stage 2 - red (R); and stage 1 - normalized (N).”

• (Methods, Data collection, Lines 177-178, pag 8) points #8 and #12 : what is the difference between these two points?

R: these two points were joined together in this way: “8. Reported Pain intensity on 4 levels (No = 0, low = 1, medium = 2, high = 3) at the treatment beginning, after 3 and 7 days.

• (Results, Lines 204-205, pag 9): « 20 were treated with the rinse while 25 were treated with the gel. 21 of the patients were females (Rinse = 10; in the Gel = 11) and 24 were males (9 in the Rinse and 15 in the gel group) » => I'm not a mathematics specialist but the total of patients is 45 and 20 in rinse group and 25 in gel group. But you describe 10 females & 9 males in rinse group so the total is 19 patients and not 20. For Gel group you describe 11 females and 15 males so it represents 26 and not 25.
R: Thank you for this remark, there was a typo error (numbers inversion) regarding the female groups. The correct sentence is “20 were treated with the rinse while 25 were treated with the gel. 21 of the patients were females (Rinse = 11; in the Gel = 10) and 24 were males (9 in the Rinse and 15 in the gel group)”.

- Section discussion: To complete after clarification of the « results ».

In the results section there was only an inversion error, while the calculations were correct: we decided then to do not modify the Discussion section.

- References: Authors should remove month from references.

Thank you for this remark: we removed the month from references.

- Temporary conclusion comments: before continuing reviewing, a concrete response is required regarding the population studied and the distribution of the groups.

We hope that in this revised version of the manuscript we fixed all the problems highlighted by the reviewer.

Reviewer #2

Please make the necessary grammatical changes prior to the final submission of the manuscript.

R: Necessary grammatical changes were made.

We are still available to make more changes if needed, following reviewer’s suggestions. Thank you again for your significant comments.

Best regards

Francesca Zotti