Author’s response to reviews

Title: Unconventional implant strategy for patients with a limited interocclusal space in the posterior region: A case report

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Author’s response to reviews:

Dear Ziad AL-Dwairi,

We thank you and the reviewers for the constructive comments. We have thoroughly revised our manuscript titled, "Unconventional implant strategy for patients with a limited interocclusal space in the posterior region: A case report" (OHEA-D-19-00238R2), in accordance with the suggestions. We have tried our best to polish the language in the revised manuscript, and hope that the corrections will meet the standards of your journal. Point-by-point responses to the reviewers’ comments are listed below this cover letter. If there is any question, please do not hesitate to contact us. We hope you will consider our manuscript for publication in BMC Oral Health.

We look forward to receiving the final decision as soon as possible.

Sincerely,

Hong-wu Wei

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Point-by-point responses to the editor’s and reviewers’ comments

Editor: Ziad AL-Dwairi

Q1. A point-by-point response letter must accompany your revised manuscript. This letter must provide a detailed response to each reviewer/editorial point raised, describing exactly what amendments have been made to the manuscript text and where these can be viewed (e.g. Methods section, line 12, page 5).

A1: Thank you for your comments. We have provided a detailed response letter and a revised manuscript after responding to all points raised by the reviewers.

Q2. Please also ensure that your revised manuscript conforms to the journal style, which can be found at the Submission Guidelines on the journal homepage.

A2: The journal’s submission guidelines have been followed while preparing the revised manuscript.

Q3. Please note, if your manuscript is accepted you will not be able to make any changes to the authors, or order of authors, of your manuscript once the editor has accepted your manuscript for publication. If you wish to make any changes to authorship before you resubmit your revisions, please reply to this email and ask for a 'Request for change in authorship' form which should be completed by all authors (including those to be removed) and returned to this email address. Please ensure that any changes in authorship fulfil the criteria for authorship as outlined in BioMed Central's editorial policies.

A3: No changes were made to the author order.

Reviewer 1: Philipp-Cornelius Pott

Q1. Why did you choose the extraoral cementation protocol?

A1: Thank you very much for reviewing the manuscript and your insightful suggestions. Accordingly, we have discussed the rationale for utilizing the extraoral cementation protocol used in the present study. Please see the revised Discussion section (Pages 8 – 9; lines 27 - 39)

Reviewer 2: Bernhard Pommer
Q1. p2/41: Please finish the sentence "This unconventional implant surgery treatment provides minimally invasive." e.g. "This unconventional implant surgery provides a minimally invasive treatment alternative."

A1: Thank you very much for reviewing the manuscript and your insightful suggestions. Accordingly, the mentioned statement has been completed in the ABSTRACT (Page 1; line 10).

Q2. p3/23: "... at least 8 - 12 mm of vertical distance"

A2: This statement has been corrected as suggested (Background; Page 2; line 4).

Q3. Discussion: Please include your thoughts on the effect of your treatment on TMJ health, please also provide literature references. Not correcting the elogation of opposing teeth carries the risk of changing the plane of occlusion and may thus lead to long-term complications of the joint, discus or muscles.

A3: Thanks for your comments, our answer is as follows:

In the past, studies have suggested that malocclusion and occlusal interferences were the main factors in the development of temporomandibular disorders (TMD). However, more recent studies have shown no remarkable differences in relation to signs and symptoms of TMD among subjects with malocclusion compared to those with normal occlusion. In the present study, no clinically relevant temporomandibular joint disorder was observed during the clinical follow-up. This may be attributed to an appropriate adaptation capacity of TMJ tissues that may can compensate for small functional alterations created by the presence of the malocclusions4. However, further long-term clinical studies are required to validate these findings.

This explanation has been added to the Discussion section (Pages 9 – 10; lines 43 - 50).