Reviewer’s report

Title: Micrognathia with temporomandibular joint ankylosis and obstructive sleep apnea treated with mandibular distraction osteogenesis using skeletal anchorage: a case report

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Reviewer: Ayman Hegab

Reviewer’s report:

1- The authors mentioned in the case presentation that (Anamnesis suggested that her trismus was due to TMJ ankylosis. She had undergone bilateral mobilization of the TMJ at the age of 2 years)

What is the cause of ankylosis at this early age (less than 2 years old), is it congenital fusion of the mandible to maxilla? When her parents noticed that she can't able to open her mouth? Is there history of birth trauma? Is there history of trauma, or falling in early months after birth?

2- The authors mentioned her maximum mouth opening was 5.0 mm but the authors still can take intraoral pictures for the upper and lower jaw with aid of intraoral mirror. the intraoral pictures showing the lower and upper second molar teeth. Which indicate the mouth opening was larger than 5.0mm. (fig 1)

3- The treatment alternatives should be moved to the discussion

4- The details about surgical mobilization of the ankylosis should be mentioned? The nature of the surgery? The surgical approach? The amount of the resected bone from the condyle? The effect of surgery on the occlusion and open bite?

5- The period of the preoperative orthodontic treatment and the time of insertion of the distraction device after extraction of the third molars should be mentioned?

6- The authors mentioned that they applied mini-plates between the canines and the premolars without mentioned why not use mini-screws like the upper jaw?

7- The nature of the osteotomy for the distraction should be mentioned either corticotomy or corticotomy because the authors mentioned neurosensory disturbance of the inferior alveolar nerve did not occur after advancement of the mandible.
8- Why the authors did body distraction with intraoral uni-directional distractor while better results can be obtained with multidirectional distractor to increase the length of the mandibular ramus?

9-pre-operative airway volumes should be add to figure 9 for comparison

10-what was the interincisal mouth opening at the end of the treatment?

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