Author’s response to reviews

Title: Skeletal open bite with amelogenesis imperfecta treated with compression osteogenesis

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Author’s response to reviews:

First of all, the authors would like to thank the Editor and Reviewers for the instructive criticism. Their suggestions for improvement of our manuscript were very helpful to revise the manuscript.

Reviewer #1: Interesting and well written article.
Answer: We would like to thank the reviewer for the supportive message.

Reviewer #2: Thank you for submitting this interesting case report on the management of skeletal open bite in a patient with amelogenesis imperfecta treated with compression osteogenesis.
It is well written and nicely illustrated. However, there are a few points that need clarifying.

Background

Page 4 Line 24 - what are the unwanted side effects? Similarly, Line 32 'fewer side effects'.
Answer: For example, elongation of anterior teeth is caused by anchorage loss, resulting in significant relapse of open bite. Possible adverse effects caused by corticotomy-facilitated
orthodontic treatment are periodontal diseases, root resorption, and tooth vitality; however, corticotomy procedures did not seem produce unwanted adverse effects on the periodontium, root resorption, and tooth vitality. (revisions: Page 3, lines 13-14 and lines 19-20)

Treatment

Page 6 Line 8 - avoid bone necrosis - is this a common problem in your practice. Please clarify. Is it really necessary to do this procedure in two stages - two operations, three weeks apart Is this acceptable? Justify (here or in your discussion) Refer to your statement on Page 8, Line 32 'results in less postoperative discomfort, compared with two- or one-jaw osteotomy surgery as an inpatient'.

Answer: As pointed out by the reviewer, bone necrosis is not common problem as well as in our practice. A study by de Mol van Otterloo et al. (1991) reported 54 segmental maxillary osteotomy cases as part of a series of 410 LeFort I osteotomies, and demonstrated that there were only one (2%) partial necrosis of a maxillary segment in a tripartite maxilla. However, the maxillary segments are smaller, the blood supply to the segments is more decreased. Yokoo et al. (2002) demonstrated 2-stage operation with 3-week interval was beneficial because of the risk of necrosis of the bone fragments. In addition, Choo et al. (2011) indicated that a 2-stage perisegmental corticotomy can be less technique sensitive with low risks of tissue damage and more predictable outcome. Therefore, we have cited two articles as references and added some sentences. (revision: Page 7, lines 20-24 and References # 10 & 11)

Discussion

You describe this case as 'very severe'. That being so, did you carry out further investigations into the possibility of associated systemic disease, in particular osteogenesis imperfecta? Are there any surgical risks such as you might expect in OI, otherwise known as brittle bone disease? This is a problem with very focused case reports and whilst you have gone into some detail about AI, you might be able to answer some of my queries by addressing this particular issue.

Answer: Thank you for good suggestion. As you know, osteogenesis imperfecta (OI) is a family of heritable disorders of bone fragility, and has many bone-associated phenotype and additional nonosseous phenotypes such as hypotonia, developmental delay, small genitalia, strabismus in preadolescence. The present case exhibited no phenotypes and medical and family histories about OI and bone diseases. Although we did not analyze his DNA to look for a genetic alteration, blood test showed no abnormal data. (revision: Page 4, lines 4-5)
Reviewer #3: The paper describes the Treatment Approach and the longterm result in a Patient who suffered from an open bite and amelogenesis imperfecta. The interesting part is that an interdisciplinary Approach of surgery orthodontics and prosthodontics has lead to a stable functionally and aesthetically appealing outcome.

Answer: We would like to thank the reviewer for the supportive message.

Reviewer #4: I have read your journal interestingly. But, We regret to inform you that with the flow of new material to the journal and the limit of the pages we are authorize by the publisher to use that presentation such as single patient with unusual findings and case report of one or two patients as such, or review of the literature and many other categories, that do not receive a high priority score from the reviewers for publications such as yours will be well suited if it is sent as a brief report that is precise concise to the point, one page only, or may be a brief clinical report if it is only clinical with an educational value and a valued focus, including a massage you want to pass to the readers.

Answer: Thank you for your suggestion. However, our paper is a rare case report focused on nonsyndromic AI, and we could not summarize the case precisely to the point in only one page.

We don’t know what a brief clinical report is and what style and limitation a brief clinical report has. If you tell us the format of brief clinical report in this journal, we are willing to adjust the format and submit the case report as a brief clinical report. (no revisions)