Author’s response to reviews

Title: Multidisciplinary oral rehabilitation of an adolescent suffering from juvenile Gorlin-Goltz syndrome - a case report

Authors:

Manfred Nilius (manfrednilius@niliusklinik.de)
Jürgen Kohlhase (jkohlhase@humangenetik-freiburg.de)
Johann Lorenzen (Johann.Lorenzen@klinikumdo.de)
Günter Lauer (guenter.lauer@uniklinikum-dresden.de)
Matthias Schulz (matthias.schulz@uniklinikum-dresden.de)

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Comments to the reviewer

Reviewer #2: The authors have performed satisfactory modifications to the manuscript in response to my previous remarks. I think that the questions and concerns of both reviewers were carefully addressed. The topic suits better the case report described. However, some minor doubts appeared while performing the reading of the revised manuscript:

Was there any adjunct method used in combination with the enucleation procedure? I think it will be important to describe the reasons that led to the selected treatment (only enucleation vs. enucleation plus an adjunct treatment).

A: The authors revised the sections which might have been uncertain considering this topic. The missing information concerning the mentioned treatment has been added to the paragraphs:

“In order to preserve the inferior alveolar nerve ostectomy or curettage were not carried out.”

“Due to the strong adherence of the cyst to the bone it had to be resected.”

In the discussion part, the following paragraph was inserted to reconsider the procedures: “Curettage and peripheral ostectomy are frequently performed in addition to enucleation. In the presented case, it was not performed for the mandibular KCOTs in order to prevent any lesion of the inferior alveolar nerve. This might be associated with a higher risk of recurrence of the KCOTs (Al-Moraissi 2016). However, in consideration with the impaired quality of life resulting from a lesion of the inferior alveolar nerve and as the KCOTs could be removed in toto it was decided to perform enucleation alone. Currently, no sign of recurrence was present in the
mandible. In the posterior left maxilla, the bone had to be resected due to the strong adherence to
the cystic lesion. This could be considered as more invasive treatment lowering the risk of
recurrence. However, a more conservative surgical procedure would have been desirable as the
resection resulted in an oroantral fistula.”

Please, if possible, include the hand-wrist maturation method used and verify the staging.

A: The authors thank the reviewer for this valuable comment. The sentences were revised and
are now as follows: “The method according to Björk is routinely used by pediatricians to
determine the individual growth development and degree of maturation (Björk 1967, Sanctis
2014). This yielded a Ru-stage which implied the end of the physical growth according to
ossification of the radius (Grave 1976).”

Please, verify the existence of the maxillary third molars. On Figure 5, the patient is around 15
years of age, and there is no evidence of the third molar germs.

A: The authors are grateful for this comment. They carefully reviewed the available X-rays and
no visible and consistent evidence could be found for the provable presence of the tooth germs of
18 and 28. Consequently, the paragraph was revised as following: “Tooth 17 was removed due to
the close contact to the cystic lesion without complications. Histologic examination proofed
another KCOT. At the 12-months follow-up, lesion in the basal part of the left sinus maxillaris
was observed. As the radiographic control showed a rapid progression of the lesion in the left
sinus it was surgically removed under general anesthesia.”

In my opinion, besides these minor revisions, the manuscript is suitable for publication.

A: The authors hope that they were able to address the mentioned points sufficiently.