Reviewer’s report

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

Version: 0 Date: 23 Mar 2018

Reviewer: Philipp Metzler

Reviewer’s report:

The manuscript is organized, and generally well-written and coherent but lacking in some details. The topic will be of interest to the readers.

As you mentioned in 2005 this entity was changed from odontogenic keratocyst to keratocystic odontogenic tumor. However, within the manuscript you change in between the nomenclature, which will mislead your readers. KCOT should be clearly named as a tumorous lesion; consecutively the removal procedure should be called enucleation. This should be changed within the manuscript.

Title - Consider changing the title to a declarative sentence that summarizes the key message of the manuscript.

The abstract is clear and concise. However, you mentioned a new KOT in the maxillary sinus, which might not be of interest of your readers.

The introduction contains an adequate review of literature on the subject. Nevertheless, the main problems in these young patients are 1) high recurrence rates, according to the histological diagnosis and subclassification (see also Jauernik et. al, Quinessence 2016), 2) the reduced donor site, donor site morbidity etc. 3) age and oral rehabilitation, which should be included in the introduction part. Therefore, a patient specific interdisciplinary treatment plan has to be considered.

Case presentation section is concise. However, the reason and time point of the extraction of the teeth 46 and 47 is missing. Additionally, CBCT/ panoramic pictures of the serial augmentative procedures, including the distraction device will provide essential additional information for your readers. Further, explain your concept according the skeletal growth determination in young patients and time point for implant insertion, as this is not a standard concept in the daily practice.

Discussion part. Please underline and discuss the problem of KCOT in young patients. Also please discuss the pros and cons of your protocol of an early rehabilitation. The concept without using autogenous bone, even in large bone defects in young patients. In the last part of the discussion section, you recommend a radiographic check-up interval of three months during the transitional dentition. However, this would mean, 4 times a year during age 6-16, in total 40
radiographs, which seems quite a high number. Please explain your concept, during transitional dentition and afterwards.

**Level of interest**
Please indicate how interesting you found the manuscript:

An article of importance in its field

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