Dear Authors:

Thank you for your interest in sharing your experience in the treatment of this patient. This manuscript is a good and interesting review of a long term and multidisciplinary treatment approach of a Gorlin-Goltz Syndrome case, presenting multiple jaw cysts. The patient was treated by cystectomy, allogenic bone grafting, distraction osteogenesis and dental implantation.

There are some general issues with the case presentation that need to be addressed:

- The writing style, grammar structure and punctuation of the manuscript might need improvement.

- The sequence of the data presented needs to be chronologically detailed.

Specific concerns:

1. The title is misleading since dental implants were inserted at the age of adolescence.

2. Page 5, 23 - 24 section. After: "The following deciduous teeth were found to be in situ:", 83 was not mentioned and the next sentence refers to this tooth. Although, at the first orthopantomogram it cannot be observed.

3. Page 5, 34 - 36 section. The description of the radiographic lesions can be improved.

4. Page 6, 34 - 35 section. In the "Treatment plan" section, evaluate the goals of the orthodontic treatment. The patient was already eleven years old at the time of diagnosis, with a late mixed dentition stage.

5. Page 6, 53-55 section. Did not mention the specific area described.

6. Page 7, 9- 12 section. It can be observed at Figure 3 that teeth 45, 46 and 47 were extracted, without explaining the reasons or the procedure. The same happened for 17 tooth.
Page 7, 19-22 section. The treatment of 23 was mentioned without previously describing what was observed in this area. Please, if possible broaden the reasons that led you to apply a different treatment for this tooth that was also in relation to a KCOT.

Page 7, 32-37 section. Orthodontic treatment description needs improvement (e.g., mandibular and maxillary dental arches were leveled and aligned, traction of tooth 23 to its desired position was successfully achieved. The space between tooth 32 - 34 was maintained to perform prosthetic dental rehabilitation of missing tooth 33).

The healing of allogenic bone graft and the morphology of right mandibular ridge before and after distraction osteogenesis are not well documented.

Page 9. At the first paragraph of the "Outcome and follow-up period" it is stated that a radiolucency between 46 and 47 was noted during the follow-up, but no treatment for that was described. Actually, on the original orthopantomogram taken at age 11 (Figure 1), a radiolucent lesion distal to 46, causing displacement of the 47 tooth germ was already noticeable.

Page 10. KOTC instead of KCOT was used.

Page 10, 32-33 section. Refers to a case without mentioning the author.

Page 11, section 57. In "Discussion", it is stated that lesions in the regions of 17, 18 and 27, 28 were detected and 17, 27 were extracted. The treatment is not mentioned in "Case presentation". Furthermore, on the orthopantomogram taken at age 20 (Figure 5) 27 is still present.

Page 12. In "Conclusion", the statement of the occurrence of basal cell carcinomas is true, but is the first time it is addressed on the manuscript, might not be included as a conclusion for this specific case report.

It is important to include why the authors didn't consider cyst decompression/marsupialization as a treatment option. Clinical experiences have demonstrated that cyst decompression/marsupialization may preserve teeth and bone in the management of odontogenic keratocysts, whether they are syndrome-associated or sporadic.

I hope that the suggestions mentioned can be helpful for the improvement of the case report.

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

An article whose findings are important to those with closely related research interests

Declaration of competing interests
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