Author’s response to reviews

Title: TITLE: CHARGE SYNDROME: Genetic aspects and Dental Challenges, A Review and Case Presentation.

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Rebuttal Letter

Head and Face Medicine

Manuscript No:

The Editor

Dear Sir/Madam

The authors have amended the manuscript in accordance with the comments made by the reviewers. We hope that these meet with approval.

In response to Reviewer 1’s comments highlighted in yellow

Authors should be careful to explain certain dental treatment points: As a pediatric dentistry specialist, I am still not comfortable in justify the absence of clinical records or the decision of future treatment, based on the difficulties explained by the age of the patient. I understand the difficulty to take pictures or impression, considering the general clinical condition of the patient (I think this was the real explanation…). The age may influence the treatment choices, but is not decisive in dental pediatric management; in other hand systemic healthy can be. Please, also consider this aspect in explanation.

We, the authors hereby confirm that the clinical records were indeed present, and a comprehensive clinical history was documented in the body of the case report.
In response to reviewer 3, the authors declared that the patient was caries-free. The authors should be add this information in the text. (remember to consider the intraoral exam limitations!). This aspect has been addressed in the main text pg 164-165. Thank you for highlighting our omission.

Discussion: In relation to the sentence in line 239-241: Bruxism may cause periodontal trauma. In our patient, the combination of bruxism and poor oral hygiene places her at high risk of periodontal disease. I suggest the authors to read the paper from Fan and Caton (reference below), since is still unclear the occlusal trauma and periodontal disease association. Fan J, Caton JG. Occlusal trauma and excessive occlusal forces: Narrative review, case definitions, and diagnostic considerations. J Periodontol. 2018 Jun;89 Suppl 1:S214-S222. doi: 10.1002/JPER.16-0581.

Thank you we have removed this comment from our text.

In response to reviewer 4’s comments highlighted in pink
Improvements have been made, especially in the dental treatment/management section.

However, some modifications are recommended. Response to the answers of the authors:

1. OK.

2. Still, usage of acronyms as used for the first time. Examples, PEG, AAPD, and many others. This issue has been addressed thank you for highlighting our oversight. Consider reordering the text accordingly. Not clear enough the process of diagnosis. The heading “Prenatal and paediatric course” was removed from line 100 and subheadings inserted into lines 104 and 105 and an additional subheading inserted in line 113– the authors hope that this will clarify the process. Considerations in dental treatment section. - Any material or medication used should be detailed. Example: 5% sodium fluoride varnish (what fluoride varnish was applied?) – Name of varnish inserted on line 175 When was the second visit performed? Six months after the initial examination. "Application was performed according to the institution" What institution? The University of the Western Capel, Faculty of Dentistry as stated in line 179. The patient was considered as a high-risk patient due to "demographic" criteria, due to her condition or both? Fluoride was administered because of the high caries prevalence in the demographic area from which the patient comes. - Management of high-risk patients only include oral hygiene education and one fluorization? In this instance, yes as the patient was caries-free and the parents were eager to manage her dental care. - "Dental follow-ups at 6-monthly intervals was arranged" Does this period of follow-up corresponds to any current guideline? Yes, it does at the Dental Faculty, UWC. Taking into account the patient risk of caries or due to its condition. The authors are unclear of what is required. And what is planned to be done in the 6-month control/s? The patient will be reexamined and reevaluated. Oral heath education will be reinforced. If additional dental issues arise at that time, it will be managed.

3. Ok

4. Regarding "Oral health professionals treating children with CS syndrome should be mindful of the several systemic abnormalities associated with the condition as well as other potential challenges, which may influence dental care. " Please clarify or citation of what potential challenges that may influence dental care. This issue is comprehensively addressed in the “Discussion” section.
5. Ok

6. Ok, Consider to clarify this point in the manuscript.

7. How was bruxism diagnosed? Was only due to parent referral of clenching and/or grinding? This is a can be a common and temporary feature in kids. Sometimes associated with external features that should also be addressed. Description and diagnosis of this point are key to know if the patient requires any treatment or if it's only a temporary feature. Yes, bruxism was the patient’s parents’ primary concern and will be re-evaluated at follow-up

8. Just a recommendation, Journal policy will address this point.

9. Ok

10. Recommendation: Consider to resume this point.

Thank you for your most insightful input

Yours truly,

Dr TS Roberts (PhD)