Author's response to reviews

Title: Dental erosion in patients seeking treatment for gastrointestinal complains: a case series

Authors:

VINCENZO BRUNO (vincenzo.bruno@unife.it)
MASSIMO AMATO (mamato@unisa.it)
SANTO CATAPANO (santo.catapano@unife.it)
PAOLA IOVINO (piovino@unisa.it)

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Author's response to reviews: see over
Vincenzo Bruno DDS, MSc
Visiting Assistant Professor University of Ferrara
Master of Science in Dental Implantology
Oral Surgery Specialist
Via Piedigrotta 30
80122 Napoli Italy
Tel/Fax +390817614815
vincenzo.bruno@unife.it

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To Editors-in-Chief

Michael Kidd

Re: MS: 2832115661782259

DENTAL EROSION IN PATIENTS SEEKING TREATMENT FOR GASTROINTESTINAL COMPLAINS: A CASE SERIES

Dear Editor,

Thank you for your kind e-mail of October 2nd, 2015. We have read with interest your comments and those of the three reviewers concerning our paper. We are very pleased to resubmit a revised version of our manuscript according to Your and Reviewers’ comments in the hope you will now found it acceptable for publication in your prestigious Journal.
Please find attached with this a letter responding to the points raised by the Editor and Reviewer, and a revised copy of our manuscript with changes in red.

Reviewer #1:

This article reports a case series of oral lesions in patients with eating disorders (ED). It focuses on the diagnosis of ED thanks to the collaboration between dentists, gastroenterologists and psychiatrists. The topic of the article is interesting and the paper is appropriately written with a correct English. However, before publication authors should correct minor grammatical errors:

- In the title "COMPLAINTS" or "COMPLAINS"?
- In the introduction section put FGID between parentheses.
- In the discussion insert a stop after: "The latter as well as the often-associated epigastric pain are terminated by self-induced vomiting, which allows either continuation or termination of the binge"

We accept the suggestions and changed the text accordingly (in red in the new version of the manuscript)

In the case 1 authors should report the manufacturer of MACROGOL.

We agree with the reviewer and added (Movicol, Norgine Ltd, Hengoed, UK) at line 77 (in red in the new version of the manuscript)

In case 2 add a reference for BMI.

We do agree with the reviewer and added Body Mass Index (BMI) (weight in kilograms divided by height in meters squared) at line 105 (in red in the new version of the manuscript)

Reviewer #2:

We thank the Reviewer for his thorough review and highly appreciate the comments and suggestions, which significantly contributed to improving the quality of the publication.

*the introduction section of the abstract should be re-written as currently it is not very informative and focussed.*

We accept the point the reviewer raises.

Following Reviewer 2's suggestions we changed the Introduction adding more information and focusing on our aim Text amended at lines 22 and 28 (in red in the new version of the manuscript)

*Introduction*

... *Should be improved*

*I would suggest that introduction is structured as below:*

1) *short info on ed (epidemiology and impact)*

2) *common presentations of ed; diagnosis is often delayed >*

   *Early diagnosis is difficult*

3) *ED patients may also have symptoms of FD/PPDS; however FD/PPDS are*
Very common and only a small portion of these patients have ED

4) Dental erosions induced by vomiting are common in ED; hence they may help to identify ED

We accept the suggestions, changed the text accordingly at lines 45, 49, 65 and added a new reference 3. Hudson JI, Hiripi E, Pope HG Jr, Kessler RC. The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. Biol Psychiatry 2007;61:348) (in red in the new version of the manuscript)

If any information is missing from the reporting, please detail it here:

This includes:

Relevant patient information: DIET INFORMATION IS MISSING

We accept the point the Reviewer raises concerning the lack of details about diet, we add the dietary information. In fact, we are tertiary level of care referral center and routinely we take a careful medical history with a detailed dietary information (there is a nutritionist in our outpatients clinic).

Text amended at lines 87-103-107-133 (in red in the new version of the manuscript)

Relevant physical examination findings: INFORMATION RE POSSIBLE

SIALADENOSIS AND OROPHARYNGEAL ERYTHEMA IS MISSING

We accept the suggestion about sialadenosis and we have changed the discussion. Text amended at lines 189 and a new reference added (Mignogna MD, Fedele S, Lo Russo L. Anorexia/bulimia-related sialadenosis of palatal minor salivary glands. J Oral Pathol Med 2004, Aug;33(7):441-2) (in red in the new version of the manuscript). In a gastrointestinal outpatient clinic our patients are not currently examined for oropharyngeal erythema because it is a common symptoms shared by other chronic disease such as gastroesophageal reflux.
discussion and conclusion):

AUTHORS SHOULD SIMPLY SUGGEST THAT PATIENTS WITH FD SHOULD BE EXAMINED ALSO FOR ORAL SIGNS OF RECURRENT VOMITING.

Unfortunately, we did not perform intraoral assessment for sialadenosis. However, we accept the suggestion and taking into account the previous comment we changed the discussion at lines 189 (in red in the new version of the manuscript)

ALSO, THE SECOND PATIENT DOES NOT SEEM TO HAVE INITIALLY PRESENTED TO GASTROENTEROLOGIST DUE TO FD SYMPTOMS, THEREFORE DOES NOT REALLY FIT WITH THE SUGGESTED SCENARIO OF PATIENTS PRESENTING WITH FD etc..

We do agree with the Reviewer on this issue: the scenario was overturned. The dentist had the suspicion of ED after that she denied eating habits that could cause dental erosion, but he has no experience to ask about FD. It could be suggested to dentists to ask for dyspeptic symptoms when facing with a suspicion of ED, too.

It was the low BMI to encourage him to refer her to gastrointestinal outpatient clinic. Then, the gastroenterologists in presence of alarm signs such as the low BMI, and anaemia followed the diagnostic algorithm suggested and eventually reached the diagnosis of FD.

Reviewer #3:

We would like to thank the Reviewer for her valuable comments
We hope you are satisfied with our responses to the reviewers’ comments and look forward to hearing whether our paper is now acceptable for publication in Journal of Medical Case Reports.

Your Sincerely

Vincenzo Bruno, DDS

Vincenzo Bruno, DDS,
Dental School, University of Ferrara,
Via Savonarola 9,
44100. Ferrara, Italy,
email address: vincbruno@me.com
Telephone: +39 3358028377