June, 08th 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 16876-review.doc).

Title: Gingival Enlargements: Differential Diagnosis And Review Of Literature

Author: Agrawal Amit Arvind.

Name of Journal: *World Journal of Clinical Cases*

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The manuscript has been improved according to the suggestions of reviewers:

Sr. No.	Queries/suggestions	Corrections/Justifications
1.	Typo errors	Corrected.
2.	Pg.4: Epulis usually refers to pyogenic and fibrous granuloma only. PGCG is not epulis. Authors should also discuss the relation between pyogenic and fibrous granuloma.	Pg. 4, first sentence: Localized enlargement of gingiva, historically termed as epulids, refers to any solitary / discrete, pedunculated or sessile swellings of the gingiva with no histologic description of a specific lesion. Peripheral Giant cell granuloma is also a histological diagnosis, clinically it appears as solitary swelling of gingiva. Therefore I believe it can come under a general category of 'epulis'. As for relation between, fibrous and pyogenic granuloma, there is no relation between them. They both are separate entity, which most often appears different clinically and the final diagnosis is based on histological appearance.
3.	Pg.5: Gingival cyst is not an epulis, nor CGCG/ ameloblastoma/ lipoma/ etc are gingival lesion. In addition, periapical/ periodontal abscess is not a gingival lesion either.	These all lesions may present themselves as a solitary swelling on the gingiva which could be differentially diagnosed as 'epulis'. These all lesions are described so that the clinician can consider other diseases, such as ameloblastoma, lipoma, draining periapical or periodontal abscess before considering it as a gingival swelling per se. Besides, gingival abscess and periodontal abscess are described under acute inflammatory gingival enlargement subheading in "Clinical periodontology, 9th edition, by Newman, Takei, Carranza.
4.	Pg.7: It is not appropriate practice to ask physician to change medications solely because of side effect of gingival enlargement.	Dentist themselves are not authorized to change the antihypertensive or related drug category or dosages. But if the concerned drug is leading to massive gingival enlargement which is hampering his/her eating/speech/esthetics, then it is surely the dentistry duty to request the patients' physician to change the drug IF

		FEASIBLE. Most of the times, physician do change the medications and within 3-4 months the swelling is completely regressed without any surgical intervention. [**Int J Dent Case Reports**, 2012; 2 (3): 26-29]. There were, however, one/two cases wherein the physician told that any alternative medicine won't be suitable for that patient and we have to continue with the same medicines. That's fine, at least I could solve 95% patients problem just by requesting the physician to substitute to some alternative medicine. It is ethical, economic and in best interest of the patient.
5.	Idiopathic means no known cause and so should not be classified as one type of genetic disorder.	While the cause of the disease is unknown, there appears to be a genetic predisposition. (Salinas CF. Orodental findings and genetic disorders. Birth Defects. 1982;18:79–120.) (Shapiro SD, Jorgenson RJ. Heterogeneity in genetic disorders that affect the orifices. Birth Defects.1983;19(1):155–166.) Investigations are ongoing to establish the genetic linkage and heterogeneity associated with it. (Hart TC, Pallos D, Bozzo L, Almeida OP, Marazita ML, O'Connell JR, and other. Evidence of genetic heterogeneity for hereditary gingival fibromatosis. J Dent Res 2000; 79(10):1758–64) (Xiao S, Bu L, Zhu L, Zheng G, Yang M, Qian M, and others. A new locus for hereditary gingival fibromatosis (GINGF2) maps to 5q13-q22. Genomics 2001; 74(2):180–5)
5.	Pg. 8: Hormonal changes makes the host more prone to gingivitis caused by plaque, hormonal changes by itself is not a cause of enlargement.	"cause" word changed to "influence".
6.	Pg.22: Tree diagram, incorporate the above suggestions.	Done
7.	Mucocele is not a gingival lesion.	Yes, but a mucocele related to palatal minor salivary gland would appear as 'epulis' associated with palatal gingiva (Fig.4B) and thus should be included in differential diagnosis of a pale pink, smooth, nonulcerated, broad based epulis associated with maxillary palatal gingiva region. In addition, a rare case of Gingival mucocele has also been reported on attached gingiva (Traeger KA. OOO, 1961)
8.	Add clinical pictures wherever possible.	25 clinical pictures associated with varied differential diagnosis added (some clubbed together to reduce number of figures to 12). All the figures are original photographs taken by me over 10 years. No image is copied from internet

		or other articles/atlas.

Thank you again for consideration of publishing my manuscript in the *World Journal of Clinical Cases*.

Sincerely yours,

Dr. Amit Arvind Agrawal
MDS, MPhil,
Professor, Department of Periodontics,
MGV's KBH Dental college and hospital,
Mumbai-Agra road, Nashik,
Maharashtra, India-422002.
agrodent@rediffmail.com.
Telephone: +919822107562.