

Format for ANSWERING REVIEWERS

August 23, 2015

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 20684-Review.doc).

Title: Autotransplantation of a premolar to the maxillary anterior region in young children- how long should the donor root be? A case report

Author: Uri Zilberman, Amiqam Zaguri

Name of Journal: *World Journal of Stomatology*

ESPS Manuscript NO: 20684

To reviewers:

We would like to thank the reviewers for their comments.

Enclosed is our answer to their comments:

- a. Reviewer no.1- The legend of Fig 1 was re-arranged and highlighted.
- b. Reviewer no.2- In the discussion section other treatment methods and their pros and cons were described and highlighted.
- c. Reviewer no.3-An answering letter with rejections of 4 out of his 5 points was sent before. Point no 5- possible complications of the treatment were included in the discussion section and highlighted.

We updated the manuscript according to the Guidelines and Requirements for Manuscript Revision- Case Report, and according to the editor recommendations.

We hope than the revised manuscript is suitable to be published in World Journal of Stomatology.

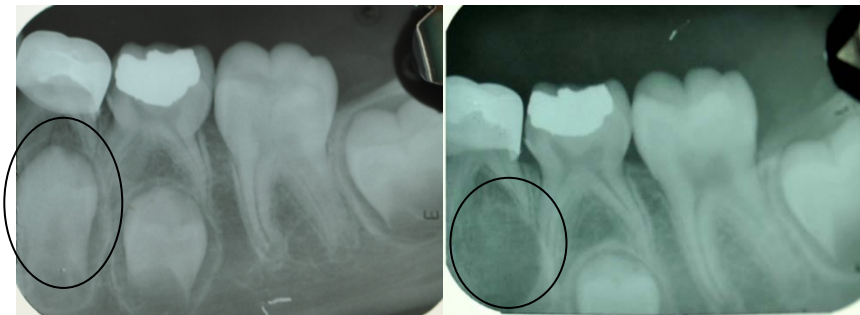
To editor:

Thank you for sending me the full review from Dr. Mendes Rui Amaral. I am sorry to say that my first reaction was to write to him directly in order to teach him some basic dentistry and effective evaluation of manuscripts. Whenever I receive a request to review a manuscript I first try to understand if my expertise is suitable for the topic of the manuscript. It seems that Dr Mendes, although being a very good dental surgeon, at least I hope so for the benefit of his patients, has no basic knowledge regarding auto-transplantation of developing premolars to the upper incisor area. I can recommend some very good published papers regarding this topic in order to help him understanding the surgical and restorative procedure. And all this critics from someone who published

one paper regarding auto-transplantation of two 3rd molars to replace second and first molars (Mendes RA and Rocha G. mandibular third molar autotransplantation-literature review with clinical cases. J Can Dent Assoc 2004;70:761-6)with follow up of 6 months and 1 week (???), to show successful outcome of the procedure.

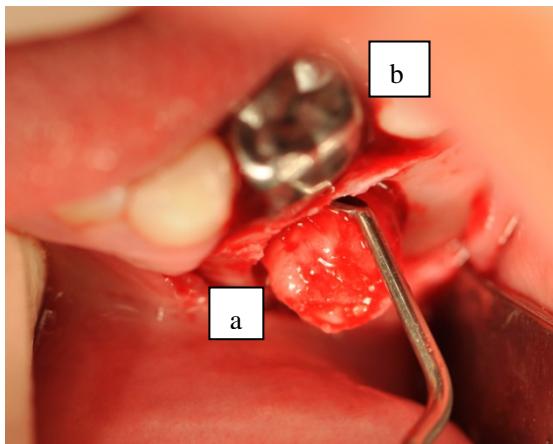
But let's go back to the review points. I will try to answer as calm as possible to Dr Mendes' remarks.

- A. Well, as I wrote before, I feel sorry for a dental surgeon who cannot extract atraumatically the germ of a premolar without compromising the deciduous molar. Figure 5 shows the germ of the premolar exposed from the buccal and tooth 74 with a stainless steel crown still in place. I enclosed two x-rays, before and after the extraction of the premolar germ that shows that tooth 74 remained in place following the extraction and a clinical picture where the donor germ is extracted from the socket and tooth 74 with its SSC is in place.



Before the extraction of germ #34

After the extraction of germ #34



Germ of the donor tooth (a) and tooth 74 in place (b)

- B. Again, Dr. Mendes claims that we are a couple of liars and that the donor tooth cannot continue root development in the anterior region during the first two months. Well, I am sorry to say that the tooth did that. I tried to minimize the number of figures in the manuscript, otherwise we can add some more 20 figures for each statement, but again, attached are 2 x-rays of the beginning and two months later.

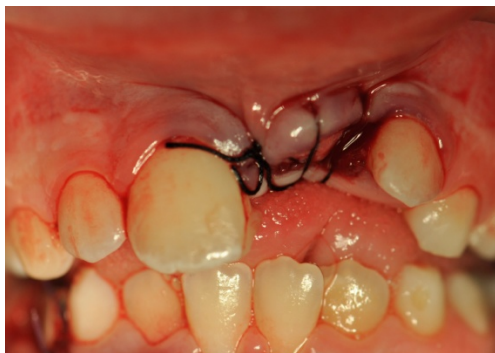


Immediately after surgery



Two months later

- C. We never claimed root formation after one month, but again it's my first time to answer to someone who claims that we are liars. The tooth erupted after one month, very high, as can be observed in the attached figures, immediately after the surgery procedure and one month later. Then we performed the first restoration of the crown in order to improve the esthetics.



At the end of surgical procedure



One month later

D+E. Please, the moment we placed the premolar in the anterior region it became tooth 21. If he cannot understand that we will be more than happy to mention it in the text. The orthodontic movement is in accordance with all the other papers dealing with autotransplantation to the anterior region, where the authors advise to wait with orthodontic treatment for 3-6 months after transplantation, i.e. after periodontal healing but before total pulp obliteration (Andreasen JO et al. A long-term study of 370 autotransplanted premolars. Parts I-IV. European J Orthodont. 1990;12:3-50., Paulsen HU et al. Pulp and periodontal healing, root development and root resorption subsequent to transplantation and orthodontic rotation: a long-term study of autotransplanted premolars. Am J Orthodont and Orofacial Orthoped. 1995;108:630-640., Zachrisson BU et al. Management of missing maxillary anterior teeth with emphasis on autotransplantation. Advances in orthodontics and dentofacial surgery. 2004;126:284-288.).

F. We will more than happy to include in the revised manuscript the potential complications although the data we referred to shows success rate of more than 95%, with the only complication of pulp obliteration, as mentioned in the paper.

So, to summarize, I believe that the reviewer needs a little help with the procedure of autotransplantation of premolars with very short root to the anterior region and with the normal development of the premolar in the new region.

If the editor thinks it is appropriate, we have no problem with sending this answer to Dr. Mendes in order to improve his knowledge, and maybe he will be interested to visit our facility to see how we extract premolars germs without hurting the deciduous molars.

Best regards,

Uri Zilberman, DMD, PhD

Head of the Pediatric Dental Unit

Barzilai Medical University Center

Affiliated to Ben-Gurion University of the Negev,

Ashkelon, Israel

Tel: +972-8-6745854,

Email: ori@barzi.health.gov.il