

March 26, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2346-edited.doc).

Title: Clinical evaluation of implants in patients with maxillofacial defects

Author: Belir Atalay, Hakan Bilhan, Onur Geckili, Caglar Bilmenoglu, Ugur Meric

Name of Journal: *World Journal of Stomatology*

ESPS Manuscript NO: 2346

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

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) Reviewer no: 00563659

The topic of the manuscript is of high scientific and clinical interest as it deals with implant-treatment in special care patients. The present study can be published if substantial changes of the manuscript are performed. Abstract: Numbers until "twelve" are to written with letters. Therefore, "6" and "2" in the part "Methods" must be altered.

We appreciate the comment of the reviewer. This is true. Addressed.

The OHIP questionnaire measured the "Oral health related quality of life" and not "Quality of life". This has to be corrected.

We appreciate the comment of the reviewer. This is true. Addressed.

The first two sentences of the part "Results" belong to the part "Methods". Also the sentence about the "prosthetic complications" has to be moved to the part "Methods".

We appreciate the comment of the reviewer. This is true. The sentence is moved to the part "Methods".

On the other hand, in the part "Results", the measured OHIP values and the number of prosthetic problems should be presented.

Done

The statistical evaluation was performed on the basis "implant". The more commonly used procedure is taking "patients" as the statistical unit. Therefore, the results should be also presented on patient-level.

Done and corrected in the results section

Introduction: The chapter "Introduction" is well written and leads to the topic of the study. In the last sentence of this chapter, it is mentioned that this study is a pilot study. A pilot study has the goal of testing a primary-hypothesis and performing a case number estimate for the definitive study. If the present study is a pilot study, please, describe the tested primary hypothesis and present a case number estimate and power calculation for the definitive study.

We appreciate the comment of the reviewer. This is true. The pilot study part is deleted.

Material and Methods In chapter "Materials and Methods", it is not clear what X-ray system was used for evaluation bone level changes: on page 6 the Morita tool was mentioned, on page 7 the Planmeca tool, and it was also described analog radiographs being scanned and digitalized. Were the radiographs digitally taken or in an analog form? Here, more scientific precision is necessary.

We appreciate the comment of the reviewer. This is true. Both of the methods were used and clarified in the text.

Additionally, it is described that the radiographs were evaluated with a magnification x 320. I

can hardly believe that! What monitor size was used? This monitor must have been extremely large, as a standard implant diameter of 4 mm means with magnification x320 requires at least 1.28m on the screen. Please clarify this.

We appreciate the comment of the reviewer. This is true. Instead of X20 320 was written and this mistake was corrected. Thank you

Results In the chapter "Results", the study outcome is described in a clear manner. Unfortunately, in this prospective study no pre-treatment questions were asked. The given statement, providing an OHIP questionnaire before treatment being unethical is not acceptable. This is clearly a limitation of the study.

We appreciate the comment of the reviewer. This is true and discussed as a limitation in the discussion part.

Discussion The described incidence of prosthetic problems is high when compared with the number of patients. The reason for this high number might be problems with the precision of dental laboratory work. On figure 8, it can be seen that the precision of fit of the dental framework is very limited. On all implants, the denture shows a miss-fit. This means, that no passive fit was realized. The strains due to the miss-fit of the denture can be a reason for the failures. Please discuss.

We appreciate the comment of the reviewer. This is true and discussed as a limitation in the discussion part.

If all mentioned concerns are regarded, the changed manuscript can be reevaluated for publication.

(2) Reviewer no:00738036

Dear Author, this is a good work done by you & your colleagues. But there is a need to improve the writing part. I have few questions & suggestions for your study which are as follows: 1. Need not to write that surgeries & prosthetic rehabilitation were done by an experienced surgeon.

We appreciate the comment of the reviewer. This part is deleted.

2. References should not come in brackets & also superscript them before full stop as they belong to previous lines.

We appreciate the comment of the reviewer. We changed the references and superscripted them before the full stop. However according to the journal author guidelines, they should be in square brackets; please see

3. Radiographs you have mentioned are digital, but in figures it seems as they are not, please check.

We appreciate the comment of the reviewer. We changed the text accordingly.

4. Do mention how you have checked the implant mobility, as by which method.

Done.

5. Mention the VAS analogue scale of general comfort, speech, esthetics & chewing in a tabular form as that will be of great interest to the readers.

We appreciate the comment of the reviewer. We included the tabular form as Figure 1

6. What is this OHIP-14, please incorporate this in your study so it can be used as future references by other authors.

OHIP-14 is well known in dental literature. It is first prepared by Slade and Spencer as 49 questions in 1994 and then since it is very hard for the patients, the number of the questions were reduced to 14 in 1997 by Slade. Please see the below references:

Slade, G.D., 1997. Derivation and validation of a short-form oral health impact profile. Community Dent. Oral Epidemiol. 25, 284-290.

Slade, G.D., Spencer, A.J., 1994. Development and evaluation of the Oral Health Impact Profile. Community Dent. Health 11, 3-11.

It is the most commonly used oral health quality of life measurement and were used in more than 100 articles. Therefore we do not find it appropriate to incorporate in our study.

7. Please check the referencing numbers one more time, as some article referencing are doubtful.
Checked and corrected. Thank you.

8. Photographs are quite confusing, so please rearrange them and if possible make them self-explanatory. ü

Done.

Thank You, waiting for your next correspondence with revised manuscript. All the good wishes, God Bless.

(3) Reviewer no: 00742371

1. Good presentation and outline of the study 2. Figure sequence for two different patients is confusing. Number the figure sequence for one patient first. Complete all figures of first and then start numbering for second

We appreciate the comment of the reviewer. The pictures are rearranged accordingly.

3. Please add table with details of the patients treatment with rows indicating the group of patients depending upon the cause of the trauma and the columns indicating age, sex, type of injury, location of the implants, number of implants, type of prosthesis, loading timings, type of surgical reconstruction done, radiotherapy executed, malignant or benign cancer patients etc. This will solve the confusion about patient recruitment and treatment allocation.

We appreciate the comment of the reviewer. Table 1 is expanded with the suggested details.

4. Add discussion about Xerostomia in regards to implant survival

2 sentences are added to the discussion part as "It should be pointed out that maintenance of daily hygiene is very important for these patients especially for the patients suffering from xerostomia. With the absence or presence of small amounts of saliva, the oral cavity becomes more prone to oral infections; thus the risk of implant failures may rise."

5. Good explanation about Radiographic evaluation and bone level assessment. Inter-examiner agreement level can be obtained by Kappa test.

6. At what time interval the Patient satisfaction and Quality Of Life (QOL) outcomes were checked. This can be compared statistically at different time intervals like immediately after treatment, and further recall appointments at 12, 24, 36 and 48 months. Why this comparison is not done?

We appreciate the comment of the reviewer. This is true and mentioned in the discussion part as a limitation of the study.

3 References and typesetting were corrected, the whole manuscript was edited and syntax and grammar errors were eliminated and DOI and PMID numbers were added to the references. Please note that it is not possible to find the DOI numbers of Quintessence publications; so we included only PMID numbers for these articles. The last paragraph of Discussion section was rewritten according to the Editor suggestions. All the corrections and changes were highlighted with yellow in the text.

Thank you again for publishing our manuscript in the *World Journal of Stomatology*

Sincerely yours,

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