

To: Editor-in-Chief, World Journal of Clinical Cases,
Dear Editor-in-Chief,

We sincerely thank you for accepting our submission for publication with major revisions, and for giving us the opportunity to improve and resubmit our manuscript. We have carefully studied each of the comments, conducted point-to-point responses, and revised the manuscript by considering all the suggestions and comments made by the reviewers.

We thank the reviewers for appreciating our work and for their constructive suggestions. We would also like to thank reviewer 1 for deeming that the work is "*The manuscript is well written*". We thank reviewer 2 for that he/she give relatively higher scores on this paper. In this version, we continue to improve this paper while at the same time maintaining the merits mentioned by all the reviewers.

Please find enclosed an e-copy of the revised manuscript for further consideration and a detailed reply to all the reviewers' comments and questions. For your and the reviewers' convenience, our responses shown in purple are prepared as a point-by-point response to each of the issues raised by the reviewers. Changes to the manuscript are highlighted.

We hope that you and the reviewers find the major revision acceptable, and we look forward to hearing from you about the final decision on our submission.

Sincerely yours,
Song Li (on behalf of all the co-authors)

=====

All the comments and suggestions raised by the reviewers were carefully considered. Below are our itemized responses to all the points raised by the reviewers.

Comments from Reviewer #1:

Q1. The manuscript is well written. However, I recommend a copyediting by an expert author. My major concern about this case is: why did not proceed to apicoectomy before the intentional replantation?? As endodontist, I would choose apicoectomy before the intentional replantation as alternative. The conclusion is too vague. It should be more objective.

Response: Thank you for your suggestion. At the beginning, the parents had a fear of invasive surgery and financial limitations. In this reported case, an infected lateral canal located at the mid-third of the root led to persistent periodontitis, while we supposed that removal of 3mm of root end by apicoectomy would not benefit lateral periodontitis healing. Therefore, we proceeded intentional replantation instead of apicoectomy. We have revised the conclusion.

Comments from Reviewer #2:

Q1. The title reflects the main subject.

Response: Thank you for your suggestion. We minimized the title within 18 words.

Q2. The abstract summarizes and reflects the work described in the manuscript.

Response: Thank you.

Q3. The keywords reflect the focus of the manuscript.

Response: Thank you.

Q4. In the first sentence of the second paragraph of the Introduction (lines 18 and 19): I suggest giving reference to this sentence: "The most widely known classification of DI into three types was made by Oehler in 1957."

Response: Thank you for your suggestion. We added the reference to this sentence.

Q5. If any medication such as anti-inflammatory, antibiotic, mouthwash etc. usage was administered to the patient after the first intentional replantation, I recommend adding it to the Methods section. In addition, under the title of "surgical treatment", was an antibiotic usage recommended after the swelling occurred in the patient or was the surgery performed directly? In my opinion, it is important to inform not only the endodontic treatment, but also the medications applied at which stage and in what dose.

Response: Thank you for giving us an opportunity to re-clarify. We have added the sentence to the revised manuscript as the following: Parent received 500 mg amoxicillin and 400 mg ibuprofen 30 minutes before surgery and was instructed to rinse with 0.2% chlorhexidine gluconate solution. After the surgery performed, amoxicillin (500 mg, 3 times per day) was administered for 3 days to prevent wound infection. Patient was instructed to maintain a soft diet and use a 0.2% chlorhexidine gluconate oral rinse for 2 weeks.

Q6. Discussion part is well written. Maybe in the discussion section; A sentence or two can be added about which clinical failure in DIs should be decided by tooth extraction instead of endodontic treatment.

Response: Thank you for your suggestion. We added the suggested content to the revised manuscript.

Q7. In figures, arrows can be used to show the boundaries of the lesion.

Response: Thank you for your suggestion. We added the arrows in Fig 2.

Q8. Language and grammar accurate and appropriate.

Response: Thank you.

Q9. References support the study and are relevant, but not very up-to-date. I suggest you support your work with a few references from 2021 and 2020.

Response: Thank you for your suggestion. We revised the cited references.

Q10. The authors prepared the manuscript according to the appropriate research methods as case report.

Response: Thank you.

Q11. Patient informed consent was obtained in Chinese. Although I do not understand the extent of Chinese informed consent, the manuscript generally meets ethical requirements.

Response: Thank you. According to the submission principle, the extent of informed consent should be presented in local language.