

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 77753

Title: Concrescence of maxillary second molar and impacted third molar: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06291740

Position: Peer Reviewer

Academic degree:

Professional title:

Reviewer's Country/Territory: Reviewer_Country

Author's Country/Territory: China

Manuscript submission date: 2022-05-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-23 06:15

Reviewer performed review: 2022-05-23 06:32

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The article is well written with good and comprehensively discussion. The figures presented in the text are enough to clearly present the case report.

Dear Editors and Reviewers:

Thank you for your letter and comments concerning our manuscript entitled "Concrescence of the maxillary second molar and impacted third molar: A case report" (Manuscript No.: 77753). These comments were all valuable and very helpful for revising and improving our paper, as well as guiding the significance of our research. We have studied the comments carefully and have made corrections that we hope will be met with approval. The main corrections in the paper and the responses to the reviewers' comments are as follows:

Responses to the reviewers' comments:

Reviewer #1:

Response: Thank you for your comments concerning our manuscript. We will make greater efforts to carry out further clinical and scientific research. Thank you for your helpful comments.



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Peer-review model: Single blind

Reviewer's code: 05182411

Position: Peer Reviewer

Academic degree: DDS, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2022-05-18

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-06-13 14:45

Reviewer performed review: 2022-06-13 14:50

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	 [] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
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SPECIFIC COMMENTS TO AUTHORS

In the manuscript entitled: "In the manuscript entitled: "Concrescence of maxillary second molar and impacted third molar: A case report", the authors examined a 47-year-old woman who complained of left maxillary first molar loss for half a year presented to our department seeking treatment by dental implant restoration. The authors found that Dentists should be aware of the possibility of concrescence when teeth, especially teeth in the posterior maxillary area, appear to be overlapping on imaging. CBCT is a useful tool for diagnosing and planning the management of tooth concrescence and may be beneficial for reducing unnecessary complication Major comments: In general, the idea and innovation of this study, regards attitude TMJ disorders is interesting, because the role these aspects in medicine are validated but further studies on this topic could be an innovative issue in this field could be open a creative matter of debate in literature by adding new information. Moreover, there are few reports in the literature that studied this interesting topic with this kind of study The study was well conducted by the authors; However, there are some design. concerns to revise that are described below. The introduction section resumes the existing knowledge regarding the important factor linked with CBCT and malocclusion. However, as the importance of the topic, the reviewer strongly recommends, before a further re-evaluation of the manuscript, to update the literature through read, discuss and must cites in the references with great attention all of those 3 recent interesting articles, that helps the authors to better introduce and discuss the role of TMJ and malocclusions and tooth inclusion involved in oral functions and dental care, in tooth anomalies. 1) doi: 10.1016/j.jbspin.2015.04.014. PMID: 26552635 2) Perillo L, Isola G, Esercizio D, Iovane M, Triolo G, Matarese G. Differences in craniofacial characteristics in



Southern Italian children from Naples: a retrospective study by cephalometric analysis. Eur J Paediatr Dent. 2013 Sep;14(3):195-8. 3) doi: 10.2319/050615-309.1. PMID: 26502299 The authors should be better specified, at the end of the introduction section, the rational of the study and the aim of the study. In the central section, should better clarify inclusion and exclusion criteria of the patients. The discussion section appears well organized with the relevant paper that support the conclusions, even if the authors should better discuss the relationship malocclusions, TMJ dysfunctions and Tooth inclusions among adults seeking dental care. The conclusion should reinforce in light of the discussions. In conclusion, I am sure that the authors are fine clinicians who achieve very nice results with their adopted protocol. However, this study, in my view does not in its current form satisfy a very high scientific requirement for publication in this journal and requests a revision before a futher re-evaluation of the manuscript.

Responses to the reviewers' comments:

Reviewer #2:

1.Comment:(.... should be better specified, at the end of the introduction section....) Response: We apologize for our negligence on this point. We have rewritten this part according to the reviewers' suggestion.

2. Comment:(.... clarify inclusion and exclusion criteria....)

Response: Thank you for your suggestion. Because we have only encountered one patient of this type thus far, if there are many such patients in the future, we will set inclusion and exclusion criteria.

3. Comment:(.... better discuss the relationship malocclusions, TMJ dysfunctions....)



Response: Considering the reviewers' suggestion, we have read all 3 of these interesting

references and added relevant content to the discussion section.

Thank you for your helpful comments.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06104963

Position: Peer Reviewer

Academic degree: DDS, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: China

Manuscript submission date: 2022-05-18

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-06-10 06:49

Reviewer performed review: 2022-06-14 21:24

Review time: 4 Days and 14 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [Y] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
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SPECIFIC COMMENTS TO AUTHORS

There are case reports in the literature showing maxillary second molar and impacted third molar concretion. The authors could not present a novelty unlike the cases presented in the literature. When faced with such a situation, is it possible to suggest a different technique or method for surgeons in tooth extraction? Physicians benefit from CBCT when treatment is planned for such closely related teeth in routine radiological examinations. In addition, can a different radiological recommendation be made? Why was it not preferred to separate the teeth during the operation? Wouldn't an undesired break in the operation pose a risk in the operation? Under the heading "2.Case Report", "The patient had undergone left upper posterior tooth root extraction half a year prior, and after that, she did not chew on her left side." In the sentence, the number of the relevant tooth can be given directly. In Figure 1, the contrast ratio of Panoramic radiography could be corrected. An asterix could be placed in the related anomaly area. The cross-sections of Figure 2 could be viewed up close to better show the teeth. It can be fixed as "sagittal plane" in figure legend (B). In Figure 3, it can be added from which side it shows the compression by lettering the photos. In Figure 4, the staining name and magnification dimensions used in histopathological examination can be added. The 20th reference does not contain any information such as the name of the author, editor or section editor etc.

Reviewer #3:

1.Comment:(.... possible to suggest a different technique or method....?)

Response: Thank you for your suggestion. Because this is the first time we have encountered this kind of patient, every step of the operation was performed in an exploratory manner to cause as little trauma as possible, and the overall operation



method needs to be further developed.

2. Comment:(.... can a different radiological recommendation....?)

Response: We apologize for our negligence. We have added relevant content to the discussion section.

3. Comment:(.... preferred to separate the teeth....?)

Response: Thank you for your suggestion. We considered direct separation of the teeth in the preoperative discussion, but when the operator turned over the distal flap, it was found that the bone at the top of the alveolar ridge below 28 was very thin. After removing the source of the resistance, tooth forceps were used to pull out the combined teeth by rotation. Compared with tooth splitting, this method is less traumatic.

4. Comment:(.... preferred to separate the teeth....?)

Response: Thank you for your suggestion. We had a full discussion before the operation, including regarding maxillary sinus perforation, alveolar bone fracture, bleeding and other issues, and prepared all necessary materials before the operation.

5. Comment:(.... the number of the relevant tooth can be given....)

Response: We apologize for our negligence. We have made corrections according to this suggestion.

6. Comment:(.... Figure 1, the contrast ratio of Panoramic....)

Response: We apologize for our negligence. We have corrected the contrast ratio of panoramic radiographs and placed an arrow in the related anomaly area.

7. Comment:(.... Figure 2 could be viewed up...)



Response: We have made this correction accordingly.

8. Comment:(.... Figure 3, it can be added from...)

Response: We have made this correction accordingly.

9. Comment:(.... Figure 4, the staining name and...)

Response: We apologize for our negligence. We have made revisions accordingly.

10. Comment:(.... 20th reference does not contain...)

Response: As the reviewer suggested, the 20th reference does not contain any information, such as the name of the author, editor or section editor. We have corrected it accordingly.

Thank you for your helpful comments!

Best regards,

Corresponding author: Wenyun Zhang 2022-07-06