

## Format for ANSWERING REVIEWERS



March 23, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 8321-review.doc).

**Title:** Clinical significance of CT assessment for third molar surgery

**Author:** Kenji Nakamori, Kei Tomihara, Makoto Noguchi

**Name of Journal:** *World Journal of Radiology*

**ESPS Manuscript NO:** 8321

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) Comment to Reviewer 00712322

Suggestion

The authors submit several images that show curved oblique reformatted images. Given that not all radiologists are familiar with this technique, it would be helpful to describe the source image acquisition parameters and how the images should be reconstructed along the dental arch (including slice thickness, reconstruction kernel, field of view, etc.). It would also be helpful to present an organized list of all the features that should be specifically commented on when interpreting a preoperative CT.

Response

CT images of reconstructed cross-sectional (or coronal) views were used for assessment of the cortical status around IAC.

If the reconstructing software is not able to use, a reformatted coronal view could be obtained as reconstruction of the perpendicular image of the inferior alveolar canal was based on the axial and sagittal vertical planes of the inferior alveolar canal.

I had added these sentences.

[If the reconstructing software is not able to use, a reformatted coronal view could be obtained as reconstruction of the perpendicular image of the inferior alveolar canal was based on the axial and sagittal vertical planes of the inferior alveolar canal. At Page 7.](#)

(2) Comment of Reviewer 02520360

Suggestion

Very enjoyable article. Well structured and a nice summary of surgery of the third molar. For this reviewer it clearly outlined that advantages of preoperative CT prior to proceeding with surgery. I recommend for publication.

Response

Thank you for your positive comment.

(3) Comment of Reviewer 00728151

Suggestion

1. Comment about development of cyst and odontogenic tumors could be performed in the "WHY SHOULD THE 3RD MOLAR BE EXTRACTED?"
2. The specificity and sensibility of the (a) Conventional intraoral radiography; (b) Orthopantomography (OPG); (c) CT and CBCT could be presented.

Response

I had added these sentences.

1. [Rahman et al.](#) recently reported that asymptomatic pericoronal tissue associated with impacted teeth showed a high rate of squamous metaplasia and proliferative activity<sup>[4]</sup>. Although impacted teeth with pericoronal tissue can lead to cyst formation or odontogenic tumors, the prophylactic removal of disease-free third molars is still controversial<sup>[5,6]</sup>. at Page 4
2. The specificities and sensibilities for predicting IAN injuries were listed in table 1.

Because of lack of conventional intraoral radiography data, only OPG and CT/CBCT data were listed.

(4) Comment of Reviewer 00733132

Suggestion

Present study entitle "Clinical significance of CT assessment for third molar surgery" by Dr. Kenji Nakamori and team trying to established the important assessment of CT to manage the 3rd molar surgery. This paper is interesting and timely therefore; I would suggest editor to accept this paper for publication to the world journal of radiology.

Response

Thank you for your positive comment.

(5) Comment of Reviewer **01209428**

Suggestion

This manuscript reviews the significant clinical usefulness of CT assessment for extraction of third molar in dental fields. The manuscript title is appropriate to describe the contents of this manuscript. The manuscript focuses in an area of reviews that is relevant and important to doctors and all dentists including oral and maxillofacial surgeon and radiologists. The level of contents should also be relatively right. Therefore, I will recommend accepting this manuscript to publication to World Journal of Radiology. However, prior to publication of this paper the following concerns need to be addressed.

1. Authors should more precisely describe how predictive value (rate) of the injuries of IAN would occur in the respective CT finding tendency to injuries of IAN in the extraction of the mandibular third molar according to the previous reports.
2. The advocate of the asymptomatic osteomyelitis around mandibular third molar tooth for aged people

(PLoS One. 2013 Sep 10;8(9): e73897) should be added to in RISK FACTORS ASSOCIATED WITH NERVE INJURIES.

Response

1. We added the table 1. The specificity and sensitivity were listed on table 1.
2. [Furthermore, elderly patients with evidence of sclerotic change are at considerably higher risk for pathological osteomyelitis around the impacted tooth<sup>\[9\]</sup>](#). had added at Page 5.

(6) Comment of Reviewer **02667055**

Suggestion

Unfortunately the main target of your review has not been fulfilled. It is not clear what kind of role CT assessment has/is going to have in pre-operative assessment for 3rd molar surgery.

Lots of important concepts have been introduced with no sufficient order and clarity. The reader should be able to understand what are the advantages of CT over conventional radiography in assessing 3rd molar region and, most importantly, what kind of findings surgeons expect Radiologist to describe. You cited several radiological signs with no adequate explanation; similarly you tried to give a list of findings to analyze on CT, but the result is not as effective as it should have been. I suggested a new structure for your manuscript (please see below). The major revisions must be addressed to the role of imaging in preoperative assessment for 3rd molar surgery. You should provide a clear description of strength and limitations of the available modalities underling CT advantages. I suggested couple of tables to summarize critical aspects of your review. The readers should be able to use this manuscript as a guideline for reporting. I therefore cannot accept this manuscript for publication without major revisions.

Response

Thank you for your constructive comment. Because of other five reviewers support the current style of this review paper, the authors do not think to need the new structure for this manuscript.

3 References and typesetting were corrected

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

Sincerely yours,



Kenji Nakamori DDS, Ph.D

Associate professor, Department of Oral and Maxillofacial Surgery,

Graduate School of Medicine and Pharmaceutical Sciences for Research, University of Toyama,

2630 Sugitani, Toyama city, Toyama, 930-0194, Japan

E-mail: [nakamori@med.u-toyama.ac.jp](mailto:nakamori@med.u-toyama.ac.jp)

**Telephone:**+81-76-434-5041

**Fax:**+81-76-434-5041