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ANSWERING REVIEWERS

Title: Management of diabolical diabetes mellitus and periodontitis nexus: Are we doing enough?

Author: Abhijit N Gurav

Name of Journal: *World Journal of Diabetes*

ESPS Manuscript NO: 22044

Reviewer 00058872

Comments to authors
Presence of NAFLD is one of the most important factors in determining rhis two-wayprocess, as clearly emphasisedinthe following papers that ahould be quoted, i.e., Relationship between periodontitis and hepatic abnormalities in young adults. Acta Odontol Scand. 2010 Jan;68(1):27-33. doi: 10.3109/00016350903291913. Similar articles: What about non-alcoholic fatty liver disease as a new criterion to define metabolic syndrome? World J Gastroenterol. 2013 Jun 14;19(22):3375-84. doi: 10.3748/wjg.v19.i22.3375.

Response to comments
The two articles have been quoted on page 4 (ref no. 17, 19). An article (ref no. 18) "Nishimura F, Soga Y, Iwamoto Y, Kudo C, Murayama Y. Periodontal disease as part of the insulin resistance syndrome in diabetic patients. *J IntAcadPeriodontol* 2005; **7**:16-20 [PMID: 15736891]"has also been added. Added text is highlighted.

Reviewer 00506276

Comments to authors
This is a comprehensive review article focused on the relationship between diabetes and periodontitis. This is the very important and often neglected topic. The paper is detailed and in general well-written. However, some concerns need to be addressed. 1) Minor language revision is necessary. 2) Page 4: pancreatic insulin secretion is increased in the first phase of T2DM, especially in obese persons, but later often becomes insufficient and hypoinsulinemia appears; please correct. 3) What is the difference in the prevalence of periodontitis between non-diabetic and diabetic subjects? 4) The figure highlighting major pathogenetic mechanisms which link T2DM and periodontitis would be very helpful.

Response to comments
1)Language revision has been done (color highlighted). 2) Addition/modification has been done as per suggestion. 3) The difference in the prevalence of periodontitis between non-diabetic and diabetic

subjects has been added on page 10 and reference (no. 62) has been added for support. 4) Figure 3 has been added to highlight the bidirectional relationship between type 2 diabetes mellitus and periodontitis.

All above changes have been highlighted.