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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 78089

Title: Orthodontic-surgical treatment of a Class II patient with mandibular hypoplasia and missing maxillary first molars: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06098154
Position: Peer Reviewer
Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Thailand

Author's Country/Territory: China

Manuscript submission date: 2022-06-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-16 02:28

Reviewer performed review: 2022-06-16 03:25

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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for the opportunity to review this case report. In general, the article is well written and describes the ortho-surgical treatment procedures for a severe skeletal Class II patient. Although the patient did not report temporomandibular joint (TMJ)disorders signs were observed during the questionnaire or clinical examination, the careful analysis of the TMJ should be performed. For the diagnosis of the present case, the mandibular hypoplasia does not reflect the clinical characteristics of the case. The cheerleader syndrome or Idiophatic condylar resorption (ICR) is the adequate diagnosis for the present case report. The clinical characteristic meets the criteria for ICR. ICR tends to occur in the teens and twenties, affects the growth of the mandible, which normally can continue until the third decade and cause condylar hypoplasia and anterior open bites. The ICR should be incorporated to the introduction part and discussion. Also, the long-term stability of the treatment should be discussed. Case: Although a significant facial improvement was observed after one year of treatment, it is possible to identify the presence of additional Genioplasty to improve the facial profile. The genioplasty was not in the treatment planning and was not discussed in the article. Why it was done and when it was done?

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Reviewer's code: 06285357
Position: Peer Reviewer
Academic degree: MD

Professional title: Docyor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2022-06-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-15 11:45

Reviewer performed review: 2022-06-20 05:38

Review time: 4 Days and 17 Hours

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
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [Y] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a common case with orthodontic-orthognathic treatment to obtain the expected profile and improved occlusion; however, there were some problems i think they should be resolved. 1.The bilateral maxillary third molars were not included in the orthodontic treatment plan (since the maxillary first molars have missed), and obviously, there was no occlusion with the opposite teeth (panoramic view). Is there any occlusal interference or the extrusion of the upper 3th molars? We think this is one of the major drawbacks of this case report. 2.The authors mentioned in the text that they were aimed at establishing an ideal functional occlusion, but in the final results, they did not show. 3.In figure 7, the facial profile of the patient after surgery I cannot be correctly evaluated, as the lips were not in a state of natural relaxation. 4.it often happens that we can not know the etiology of the malocclusion; however, the possible reasons should be discussed in the discussion and we thought, the authors might miss some important information about the patient's past history especially on the pathogenesis of TMD, which will be vitally important in treatment plan (although the author thought the condition of the patient's TMJ was stable). 5.Asymmetry elastics were used to obtain coordinate midline and class I canine relationship in this article? Why? I don't think intermaxillary elastic traction can correct the inconsistency between the maxillary and mandibular midline without tooth extraction space (I did not see any extraction space in the dental arch in this stage from the pictures) and furthermore, it is dangerous to use the elastics in the hyperdivergent class II patient with TMD without proper assessment 6.Why should a patient's surgery be divided into two stages? It is unreasonable to divide the surgery into two phases from the perspective of economic burden and personal

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trauma. Please explane. 7.Dis-coordinate midline was seen in the facial and intraoral photographs after treatment; however, the mild-line was consistent with 1 year follow-up. Why? 8.Cephalometric analysis of the presurgical orthodontic treatment should be added in the cephalic analysis in table 1. 9.There are some problems in the cephalometric superimposition of pretreatment and posttreatment lateral tracings. (1) is the color labeled correct? (2) If there is no change in the position of maxillary incisors and molars, how is the extraction space of the first molar closed? 10.There are many problems in this paper. For example, there should be a space between the text and the reference number (1992 (4)) instead of 1992(4) ; Not only the references, but also many other similar problems have appeared in the article. Please revise them carefully. 11.Measurement of SNA/SNB, ANB and some other indicators were wrote incorrectly. Please revise them carefully.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 78089

Title: Orthodontic-surgical treatment of a Class II patient with mandibular hypoplasia and missing maxillary first molars: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06285357
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer's Country/Territory: China
Author's Country/Territory: China

Manuscript submission date: 2022-06-15
Reviewer chosen by: Yu-Lu Chen
Reviewer accepted review: 2022-08-05 09:34
Reviewer performed review: 2022-08-05 11:39
Review time: 2 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] 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
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

1.The article lacked sparkle as has been suggested previously. 2.I have asked a few more questions, to which i received unsatisfactory answers; it seems that this study just stayed at a simple description to the surface of the phenomenon, without sufficient depth. 3.It is hard to distinguish the revised text as there was no correcting trace in the article, 4.Punctuation marks are used incorrectly in many places and i don't think this article has been prepared to be published. Check and double-check spelling and punctuation.