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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Stomatology

ESPS manuscript NO: 22250

Title: Concepts and challenges of alveolar ridge preservation

Reviewer's code: 00504290 Reviewer's country: China Science editor: Fang-Fang Ji

Date sent for review: 2015-08-25 15:54

Date reviewed: 2015-08-26 23:08

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[] Grade A: Excellent	[] Grade A: Priority publishing	Google Search:	[] Accept
[] Grade B: Very good	[Y] Grade B: Minor language	[] The same title	[] High priority for
[Y] Grade C: Good	polishing	[] Duplicate publication	publication
[] Grade D: Fair	[] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y] No	[Y] Minor revision
	[] Grade D: Rejected	BPG Search:	[] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Good review article. Some revisions are needed. (1) English writing errors should be checked and corrected. (2) More studies about the time of implantation after bone augmentation should be discussed and referenced. (3) More studies about different membrane materials for bone augmentation can be discussed. (4) Some Figures or Tables can be organized to improve the clarity of manuscript presentation.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Stomatology

ESPS manuscript NO: 22250

Title: Concepts and challenges of alveolar ridge preservation

Reviewer's code: 02446101 Reviewer's country: China Science editor: Fang-Fang Ji

Date sent for review: 2015-08-25 15:54

Date reviewed: 2015-08-29 00:31

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[] Grade A: Excellent	[] Grade A: Priority publishing	Google Search:	[] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language	[] The same title	[] High priority for
[] Grade C: Good	polishing	[] Duplicate publication	publication
[] Grade D: Fair	[] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y] No	[Y] Minor revision
	[] Grade D: Rejected	BPG Search:	[] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

In all, you have put great efforts in reviewing and discussing the current methods of alveolar ridge preservation to better delineate clinical decision before tooth extraction and titanium implants installation. After reading this review, I have a more comprehensive understanding of the concepts and challenges of alveolar ridge preservation. In my opinion, this article is of great benefit to the following researchers. However, there are some spelling errors. For example, the word "rehabilitatione" in line 13 page 4 should be spelled as "rehabilitation".



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Stomatology

ESPS manuscript NO: 22250

Title: Concepts and challenges of alveolar ridge preservation

Reviewer's code: 02908557

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2015-08-25 15:54

Date reviewed: 2015-09-02 07:16

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[] Grade A: Excellent	[] Grade A: Priority publishing	Google Search:	[] Accept
[] Grade B: Very good	[Y] Grade B: Minor language	[] The same title	[] High priority for
[Y] Grade C: Good	polishing	[] Duplicate publication	publication
[] Grade D: Fair	[] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y] No	[Y] Minor revision
	[] Grade D: Rejected	BPG Search:	[] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

I caution the authors to pay close attention to their writing. I can see several authors have co-authored this manuscript but none seemed to pay attention to the abstract that states: "Therefore, alveolar ridge preservation has become a challenge on contemporary clinical dentistry. The employment of biomaterials, as a therapeutic alternative to preserve bone density, ..." Note 1: ridge preservation is not a challenge. It is a therapeutic approach to contain ridge resorption (ridge resorption is a challenge) Note 2: Ridge preservation does not have much to do with bone density. We do not have data showing that the density of the remaining bone is compromised. It is referring to preservation of ridge volume, or stated differently, ridge dimensional stability. Again in the abstract is is stated that: "Either autogenous bone as allogenic..." That implies that autogenous bone is allogenic. Please pay attention to detail. This abstract feels like it was written from one person and not proofread by anyone else. If you have multiple authors, please justify so. Intro: " The best results for grafting are reported in reference to autogenous bone, for its osteogenic capacity, considering that it does not trigger a specific immune response[6]. " This is wrong. The reference is inappropriate and if the authors look at Araujo and Lindhe they will find that autogenous bone does



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not contribute to ridge preservation. Please remove. Inorganic bone: For reference 32, this is well worded but it should be added that this difference did not seem to be clinically significant (note that the difference is only 0.13mm between the groups). Alloplastic materials: The reference to the bioactive glass is missing the most recent citation on boils: JOI 2015 Apr;41(2):178-83. Please note how in this study two biomaterials that lead to similar ridge preservation have differences in how fast they can give good quality bone in the socket. This should be a future goal for ridge preservation studies: how fast we achieve new bone ready for implant placement in the socket. Mucosal closure: The authors should mention the cytoplast technique by Hoffman that leads to good bone without mucosal closure and also the socket-plug technique that leads to good ridge preservation without mucosal closure but only in type I defects. In conclusion, this study is now close to being acceptable for publication, but in order to be there it needs: 1) attention to detail, 2) inclusion of additional studies as noted above to give a more complete perspective of different treatment alternatives.