

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Dear The Author This manuscript is ready for possible publication. Regards, Reviewer

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: 1. Add need of the documentation of this case report

Response: We will submit relevant documents according to the requirements of the editor.

2. How will it help the clinician

Response: These two cases suggests that dentists can have more treatment options when dealing with crown-root fracture.

3. Please add more literature in your discussion

Response: The author had added three more references.

Reviewer #3:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: the manuscript highlights the healing of young permanent teeth following crown - root fracture which was left untreated. the "regeneration or repair" finding noted in the two cases can help researchers seek further evidence through observations among such cases, and help further understand the wound healing capabilities of mesenchymal tissues around such young teeth. few comments have been added to the

manuscript for revision.

Reviewer #4:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: A case report titled “Spontaneous healing of complicated crown-root fractures in children: two case report” demonstrated two clinical cases with spontaneous healing of complicated crown-root fractures of permanent central incisors in children. There are some concerns that should be addressed: 1. In the Introduction, in the end of first paragraph authors should formulate the scientific gap.

Response: The author had added relevant discussion: Due to the complexity of crown root fracture, its treatment is not unified, and there are great differences on the choice of treatment methods within dentists.

2. In the Discussion new study should be added and discussed, as after trauma some complications can be developed like tooth root resorption. Heboyan A.G., Vardanyan A.R., Avetisyan A.A., Margaryan M.M., Azatyan V.Y., Yesayan L.K., Sharimanyan L.A., Martirosyan K.H. Rare clinical case of tooth root external resorption as a delayed post-traumatic complication, New Armenian Medical Journal, 2018

Response: Discussion about root resorption had been added to the discussion, and the research of Heboyan A.G. had been cited.

3. In the end of the Discussion limitations of this study should be formulated.

Response: The limitations of this study had been added in the end of the discussion.

4. Conclusion should be added, where authors should highlight that in case of children after trauma treatment approach should be the observational (follow up) and conservative strategies.

Response: The author had added relevant discussion in the end of this article.

Overall It is very well written, clear, well presented, informative and

interesting case report.

Reviewer #5:

Scientific Quality: Grade E (Do not publish)

Language Quality: Grade B (Minor language polishing)

Conclusion: Rejection

Specific Comments to Authors: Review of manuscript: Spontaneous healing of complicated crown-root fractures in children: two case report In general this may have been an interesting case report, especially considering the unusual CBCT images. However in both cases there are mistakes made during treatment and especially in the understanding of what exactly happened after the initial injure. Furthermore, the paper was written carelessly and in a way that does not enable fluent reading. The authors are encouraged to refer to the latest version of the IADT guideline published in 2020 and not the 2012 version: 2020 IADT Guidelines for the Evaluation and Management of Traumatic Dental Injuries Use of an occlusal mandibular pad is not recommended in the trauma guidelines

Response: Since we received these two cases in 2017, the treatment process was not completely in accordance with the 2020 IADT Guidelines. The use of the mandibular pad in treatment of dental trauma was based on another article, not the IADT Guidelines. Although this article was not focus on the use of mandibular pad, we admitted that it still need further research. This limitation of this study had been added in the end of the discussion.

Probing immediately after a traumatic dental injury is contra- indicated

Response: In order not to cause any damage, the dentist did not exert any pressure during the probing, which has been re-emphasised in this article.

The authors should differentiate between the recent trauma to the previous trauma which happened one year earlier. What was the previous diagnosis and what is the current diagnosis? if the fracture line has healed , even partially, then the new traumatic injury is probably not another fracture. This should have been explained and discussed in detail in the discussion

Response: In final diagnosis, the author remarked "complicated crown-root fractures" as "old fracture spontaneous healing" in parentheses.

Discussion The authors confuse root fracture with complicated crown-fracture!

Response: The authors mean that the healing mechanism of these two cases is similar to that of root fracture, which was the healing of dentine and cementum, not enamel.

Fig 11c is not a periapical radiograph. Nor the apex , neither the periapical are not shown. This is extremely important especially since some apical radiolucency may be evident in Fig 11b, which the authors ignored.

Response: Reviewer #5 should mean Fig 12c since there were no Fig 11c .The author has replaced Fig 12 with a more complete one, which show the apex and the periapical.

Fig 12 – the fracture line did not become more apparent with time, instead a change of the radiographic vertical angle enables the fracture line become more visible.

Response: The author had removed the sentence about the description of the fracture line.

"the immature teeth have more sufficient blood supply with large amount of stem cells that can promote and accelerate healing" This is irrelevant since the treated roots were mature.

Response: The author has different opinions since it is obvious the apical foramen of the central incisors were very wide, which indicate the roots were immature.

It is expected that if the paper is submitted to the world journal of clinical cases the submission letter should not be addressed the journal of dental traumatology/

Response: The author had noticed this mistake and felt very sorry about that. We had sent the right cover letter to editor through email in 12/27/2021,two day after submission.

Reviewer #6:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: 1. The authors should explain why their findings make a difference for dentists around the world and the readers of the World Journal of Clinical Cases?

Response: The author had added relevant discussion in this article: These two cases suggests that dentists can have more treatment options when dealing with crown-root fracture.

2. why the fiber splint was placed on buccal surfaces??

Response: Most of the splint used in the treatment of dental trauma was placed on the buccal surfaces because 1,it was more convenient to operate for the dentist; 2 ,If it was placed on the lingual surface, it might cause occlusal interference. So this is a common practice and doesn't need to be emphasized in this article.

3. There are no sufficient detalhes (details) about root canal treatment of the tooth 11 of case 2.

Response: Root canal therapy is not the focus of this article. Therefore, we did not describe the process of root canal therapy .

4. The manuscript needs English improvement.

Response: The author had sent the revised manuscript to a professional English language editing company to polish the manuscript further.

Reviewer #7:

Scientific Quality: Grade D (Fair)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Dear authors, The findings of the case report is quite interesting and worth for publication. However, please report the case report in a more meticulous manner and discuss the cases properly.

Response: The author had sent the revised manuscript to a professional English language editing company to polish the manuscript further.