Dear Editor:

The paper was revised according to the reviewer's suggestions. I hope that you and the reviewers will be satisfied with our revisions.

Regards,

Li Huang

Reviewer #1:

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.

Answer: Thank you for your suggestions. There is no any occlusal interference or the extrusion of the upper 3th molars. We have advised the patient to extract the upper third molars, she refused because there was no clinical symptom about them. We added this part in the treatment plan.

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.

Answer: Thank you for your suggestions. We have changed "the functional occlusion" to "the stable occlusion".

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.

Answer: Thank you for your suggestions. The patient facial profile showed not relaxed after surgery I. After genioplasty, her profile was improved.

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).

Answer: Thank you for your suggestions. We have added this part in the discussion.

4.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

Answer: Thank you for your suggestions. We agreed with your opinion. The intermaxillary elastic traction can't correct the inconsistency between the maxillary and mandibular midline without tooth extraction space. However, we used asymmetrical elastics just for a short period to coordinate the midline of upper jaw and lower jaw and prevent the skelatal relapse immediately after the orthgnathic surgery. We have added this part in the treatment process.

5.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 trauma. Please explain.

Answer: Thank you for your suggestions. We have planned a genioplasty to harmonize her profile in the first surgical treatment. However, after the LeFort I osteotomy and the bilateral sagittal split osteotomy, there was an acute massive hemorrhage when genioplasty was going to performed. The surgeon decided to delay the genioplasty operation for her life safety. We have added this part in the treatment process.

6.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?

Answer: Thank you for your suggestions. The midline was consistent during the follow up. It may result from the stable occlusion after the treatment.

7.Cephalometric analysis of the presurgical orthodontic treatment should be added in the cephalic analysis in table 1.

Answer: Thank you for your suggestions. We have added the cephalic analysis of the presurgical orthodontic treatment in table 1.

8.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?

Answer: Thank you for your suggestions. (1)We have corrected the colors of cephalometric superimposition.(2) The second molars were moved mesially to replace the missing first molars, the tracing of the first molars of pretreatment were the first molars, while it was the second molars in the posttreatment tracing. So there is no change in the position of maxillary incisors and molars.

9.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.

Answer: Thank you for your suggestions. We have corrected the errors.

10. Measurement of SNA/SNB, ANB and some other indicators were wrote incorrectly. Please revise them carefully.

Answer: Thank you for your suggestions. We have corrected the errors as the advice.

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Reviewer #2:

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?

Thank you for your suggestions. (1)We have provided the ICR in the introduction part and discussion. And we have given attention to her TMJ during the treatment, there was not any clinical symptoms or resorption in the X-ray. What's more, we have informed her to notice her TMJ and asked her to reexamination regularly.

(2)We have planed a genioplasty to harmonize her profile in the surgical treatment. However, after the LeFort I osteotomy and the bilateral sagittal split osteotomy, there was an acute massive hemorrhage when genioplasty was going to performed. The surgeon decided to delay the genioplasty for her life safety.

Round 2

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.-----Please reply within seven days.

Thank you for your suggestions. The revised text was generated automatically from the uploaded abstract, introduction, diagnosis, treatment, and so on. And we have provided the file with all changes marked below. Thank you very much.