

Thanks a lot for all the comments and issues raised in the mail. I tried to response them point-by-point below.

peer-review:

1. "Tooth # 9 did not respond to electric pulp test" What was the reason why a cold vitality test was not performed?

Answer: Cold vitality test and electric pulp test were performed to tooth #9 (left maxillary central incisor) and tooth #8 (right maxillary central incisor). Tooth #9 did not respond to cold vitality test and electric pulp test. I added it in the paper (page 5 line 13)

2. Why do you number (mark) the teeth with # and a number afterwards?

Answer: This method of tooth position recording is based on the universal numbering system. And the system is popular in international dental publications. In the system, right maxillary central incisor is numbered as #8, and left maxillary central incisor is numbered as #9. I added the system's name in the paper (page 5 line 10).

3. The "tooth # 8" 1.1 dental element reported that it was asymptomatic. was the tooth vital? Was the tooth necrosis? How did it respond to the electrical test?

Answer: Tooth #8 was vital. The tooth responded normally to cold stimulation and electric pulp test as control teeth. I added it in the paper (page 5 line 15).

4. if it resulted in necrosis because the endodontic treatment was not taken into consideration given the optimal result obtained with the "tooth # 9" 1.2. ? did you consider it appropriate not to intervene given the absence of clinical symptoms?

Answer: Based on "International Association of Dental Traumatology guidelines for the management of traumatic dental injuries: 1. Fractures and luxations of permanent teeth" published on Dental Traumatology on 2012, The tooth with root fracture need long-term observation. If the tooth can keep vital and no asymptomatic, that always means a kind of healing of the fracture. And if the tooth is symptomatic, painful and necrosis, proper treatment is necessary. In this case, tooth #8 is vital, and no radiolucent lesion stayed around the root. long-term observation is proper for this tooth. I added the diagnosis and treatment plan for tooth #8 in the paper (page 5 line 25, page 6 line 3). And for tooth #9, because of the obvious Inflammatory indication in clinical and imaging examination, endodontic treatment or surgery is needed.

5. "Cvek et al. [5] has reported that all the 7 cases which were prepared and filled both fragments failed to heal. The material for obturation in their report is chloropercha and 5% resin-chloroform, which may influence the effect of the treatment "THE FAILURES REPORTED BY Cvek on what factors may depend? can it depend on the type of filling performed?

Answer: The healing or failures may be related to the degree of inflammation, type of root fracture, tooth position, treatment plans, doctor's experience, and so on. The type of filling methods and materials may affect the prognosis. The highly biocompatible and bioactive nature of the sealers may be benefit to the healing of root fracture.

6. What are the contributions that the study has made for research progress in this field?

Answer: The application of bioactive ceramic materials is one of the hot spots in the endodontic field. This successful case may prove the excellent properties of this material. It may have a good effect on promoting hard tissue healing and controlling inflammation. It should be one kind of evidence for researcher to improve the application of bioactive ceramics in endodontics.

For root fracture, many dentists depend on the surgery treatments. This case demonstrates the effectiveness and rationality of conservative treatments.

7. "BRUNO et al. [25] "The reference does not need to be capitalized

Answer: I have corrected in the paper (page 8 line 5).

8. ACKNOWLEDGEMENTS? Are present ?

Answer: I have corrected it (page 9 line 14).

Science editor:

9. Summary of the Peer-Review Report

Answer: All the reviewer's questions have been answered.

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