

Comment on: An analysis of the first and second mandibular molar roots proximity to the inferior alveolar canal and cortical plates using cone beam computed tomography among the Saudi population

To the Editor

I have read with interest the study “An analysis of the first and second mandibular molar roots proximity to the inferior alveolar canal and cortical plates using cone beam computed tomography among the Saudi population” and there were some points I noticed:

1) In my opinion the author did not need to mention ‘using CBCT’ because it was clearly written in the abstract. In addition, the written conclusion was a general statement. I suggest providing more important sentences as you mentioned in the discussion (example: proximity of IAC to second molar, also gender and age variation of your sample).

2) The introduction was well written, although the author could have emphasize on other dental procedures that could be related to nerve injury (for example: harvesting bone graft and sagittal split osteotomy) where you may find many articles related to this issue. In addition, in 3 references it was mentioned the relation of the mandibular third molar to the IAC while the study was on the 1st and 2nd molar. I suggest writing about the incidence of the nerve injury in endodontic and dental implant procedure and the importance of preoperative evaluation using CBCT.

3) What is the meaning of the abbreviation ROI mean? And can you emphasize why you did the measurement specifically 3mm coronal to the apex? Not less or more? Although you mentioned in the introduction that the most common cause of the nerve injury is the extraction of the third molar, which was not included in your analysis. Can you please verify this?

4) The results were sufficient and clear. Although, the discussion about the non-surgical endodontic treatment should be deleted because it is out of the study scope.

5) Lastly, they could have provided more information about the clinical application of CBCT assessment

prior to dental extraction and endodontic treatment of 1st and 2nd molar. Is it cost effective? They should have clarified how the selected measurements will be used in evaluation of the extracted site prior to the implant?

I would suggest adding an additional paragraph that would explain the seriousness of injury to IAC, how the application of such assessment could prevent this complication, and to discuss related articles.

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Reply from the Author

This article went through a peer review process that suggested changes when it was permissible. Your points from your prospective are suggesting changes, which are not allowed after publication as known.

We found 2 questions that we can clarify: First, the abbreviation of ROI. The meaning of this abbreviation is region of interest (ROI) which was clearly written beside the abbreviation in the first paragraph in the method section.

Second, was to emphasize why we did the measurement specifically 3mm coronal to the apex, not more or less. One of the objectives of this study was to evaluate the inferior alveolar canal from an endodontic surgery prospective that was concerned of the root-tip resection of 3mm to eliminate lateral canals and apical ramifications. A study shows that the resection of 3mm of apex eliminates 98 percent of apical ramifications and 93 percent of lateral canals according to Kim et al¹ study.

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References

1. Kim S, Kratchman S. Modern endodontic surgery concepts and practice: A review. *Journal of endodontics* 2006; 32: 601-623.