

REVIEWER'S REPORT

Manuscript No.: IJAR-51863

Date: 24/05/2025

Title: PROSTHETIC REHABILITATION IN ECTODERMAL DYSPLASIA

Recommendation:

Accept as it isYes.....

Accept after minor revision.....

Accept after major revision

Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality	•			
Techn. Quality	•			
Clarity	•			
Significance	•			

Reviewer Name: Dr. Sireesha Kuruganti

Date: 24/05/2025

Reviewer's Comment for Publication.

(To be published with the manuscript in the journal)

The reviewer is requested to provide a brief comment (3-4 lines) highlighting the significance, strengths, or key insights of the manuscript. This comment will be Displayed in the journal publication alongside with the reviewers name.

The manuscript presents a clear and concise case report that is relevant to the field of pediatric dentistry and prosthodontics. It effectively demonstrates the challenges and management strategies for oral rehabilitation in children with ectodermal dysplasia. The introduction provides good background information, the case is well-documented, and the discussion is relevant.

Detailed Reviewer's Report

This is a well-structured and informative case report on the prosthetic rehabilitation of a young patient with hypohidrotic ectodermal dysplasia. The manuscript highlights the importance of early dental intervention in such cases. Below is a detailed review:

Overall Impression:

The manuscript presents a clear and concise case report that is relevant to the field of pediatric dentistry and prosthodontics. It effectively demonstrates the challenges and management strategies for oral rehabilitation in children with ectodermal dysplasia. The introduction provides good background information, the case is well-documented, and the discussion is relevant.

Specific Comments by Section:

Abstract:

* Lines 9-11: The background effectively introduces Ectodermal Dysplasia (ED) and Hypohidrotic ED (HED), noting associated oligodontia/anodontia.

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* Lines 12-20: The case report summary is clear, detailing the patient's age, condition, symptoms, clinical findings, and the prosthetic intervention.

* Lines 21-24: The conclusion in the abstract appropriately emphasizes the benefits of early prosthetic management.

Introduction:

* Lines 31-34: Good definition of ED and the structures involved.

* Lines 37-39: Clear description of diagnostic approaches.

* Lines 40-45: The distinction between Hypohidrotic (Christ-Siemens-Touraine syndrome) and Hydrotic (Clouston syndrome) ED is well explained, including the genetic inheritance pattern for HED (Xq12-q13).

* Lines 46-50: The dental manifestations, such as oligodontia, abnormal tooth shapes, hypoplastic alveolar bone, and reduced vertical dimension, are accurately described.

* Line 51: "The present case report describes..." – This clearly states the purpose.

Case:

* Lines 54-59: The patient's chief complaint, history (including lack of sweating, delayed tooth development, feeding/speech difficulties, and consanguineous marriage of parents) are well-detailed.

* Lines 60-63: The extraoral examination findings are consistent with HED and clearly described (Figure 1 reference).

* Lines 64-68: Intraoral findings, including severe oligodontia with only four deciduous second molars and ridge resorption, are clearly presented (Figure 2 reference).

* Lines 68-71: The panoramic radiographic findings are described. Correction needed: The text states "(Figure 3)" for the panoramic radiograph. However, the figure legend on page 6 (Line 144-145) indicates "Figure 2. Panoramic radiograph...". Please ensure consistency. The content of the radiographic findings is appropriate.

* Lines 71-91: The treatment plan and detailed steps for the fabrication of removable partial dentures are thoroughly explained.

* Lines 88-90: "Try-in was done... (Figure 4)."

* Lines 90-91: "Final fitting and adjustments were done (Figure 5)."

* Issue: There are only 4 figures provided and legended. Figure 4 legend (Line 147) is "Maxillary and Mandibular dentures in position." There is no Figure 5 legend or image. Please reconcile the figure numbering in the text with the available figures and their legends. It's possible the intended "Figure 5" for final fitting is actually the image labeled "Figure 4" (dentures in position).

* Lines 92-98: Patient instructions and follow-up schedule are appropriately outlined.

Discussion:

* Lines 101-105: Information on the incidence of HED and its genetic basis (EDA, EDAR, EDARADD genes) is valuable.

* Lines 106-110: The quote by Nowak effectively underscores the complexity of managing pediatric ED patients.

* Lines 111-115: The importance of a multidisciplinary approach and early dental intervention is rightly emphasized.

* Lines 116-117: The statement about early prosthetic treatment supporting craniofacial growth is crucial.

* Lines 120-123: The role of dentures in childhood and the need for ongoing adjustments are well noted.

* Lines 124-132: The discussion on future advancements and the need for further research, including genetic counseling, adds a forward-looking perspective.

Conclusion (Page 4, Lines 126-133 and Page 6, Lines 126-133):

* The manuscript has a conclusion section on page 4 (beginning line 126 in the provided content which seems to be a duplicate or continuation error from the PDF processing, matching content from the section starting line 126 page 6).

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* Lines 126-133 (page 6): This section effectively reiterates the main messages regarding the necessity and benefits of early prosthetic rehabilitation in ED patients, focusing on functional, aesthetic, and psychosocial improvements. This is somewhat repetitive of the abstract's conclusion but serves to reinforce the key takeaways.

Acknowledgements:

* Lines 138-142: Standard and appropriate.

Figure Legends:

* Line 143: "Figure 1: Saddle nose, long philtrum, thick lips, and sparse hair on eyebrows noted on extraoral examination (Frontal view)." - Consistent with Figure 1 on page 7.

* Lines 144-145: "Figure 2. Panoramic radiograph showing erupted primary second molars and unerupted permanent molars." - Consistent with Figure 2 on page 7. This should be the figure referenced in the Case section (Lines 68-71) for panoramic findings, not Figure 3.

* Line 146: "Figure 3. Steps in the fabrication of removable partial dentures." - Consistent with Figure 3 on page 7 (collage of images).

* Line 147: "Figure 4. Maxillary and Mandibular dentures in position." - Consistent with Figure 4 on page 8. This likely corresponds to the "final fitting" mentioned in the text (Lines 90-91) which incorrectly refers to "Figure 5".

References:

* The references appear relevant and include both foundational and recent literature.

Major Recommendations:

* Figure Numbering and Referencing: The most critical revision needed is to ensure consistency in figure numbering between the text, the figure legends, and the actual figures.

* Correct the panoramic radiograph reference in the Case section (Lines 68-71) from "(Figure 3)" to "(Figure 2)".

* Clarify the figure references for "try-in" (Lines 88-90, currently Figure 4) and "final fitting" (Lines 90-91, currently Figure 5). If Figure 4 (dentures in position) represents the final fitting, the text should refer to it as Figure 4, and the mention of Figure 5 should be removed or a new Figure 5 provided if it exists. If a try-in image is part of the Figure 3 collage, specify this (e.g., Figure 3x).

Minor Recommendations:

* Redundancy in Conclusion: Consider slightly streamlining the main Conclusion section (Page 6, Lines 126-133) to minimize repetition with the Abstract's conclusion, though its current state is acceptable for emphasis.

* Clarity of "Figure 3" reference: The text on page 3, lines 60-61 states "The panoramic radiographic findings also confirmed the clinical diagnosis (Figure 3)". This should be Figure 2 based on the legend on page 6, line 144-145.

Overall Assessment:

This manuscript is a valuable contribution. Once the figure referencing issues are addressed, it will be a strong and clear case report suitable for publication. The clinical management is well-described and provides useful insights for practitioners dealing with similar cases.