

## REVIEWER'S REPORT

Manuscript No.: IJAR-52067

Date: 02/06/2025

**Title: Double Molar Impaction Removal: A Case Report of a Rare and Complex Surgical Procedure**

### Recommendation:

Accept as it is .....

**Accept after minor revision.....Yes.....**

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:** 02/06/2025

### 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 an interesting and reportedly rare case of concurrent second and third molar impaction. The authors have attempted to highlight the diagnostic and surgical management of such a case.

### Detailed Reviewer's Report

"Double Molar Impaction Removal: A Case Report of a Rare and Complex Surgical Procedure."

Overall Impression:

The manuscript presents an interesting and reportedly rare case of concurrent second and third molar impaction. The authors have attempted to highlight the diagnostic and surgical management of such a case. While the case itself is noteworthy, the manuscript could benefit from significant revisions to improve clarity, precision, scientific rigor, and consistency.

Specific Comments by Line Number:

Title:

\* Lines 1-2: "Double Molar Impaction Removal: A Case Report of a Rare and Complex Surgical Procedure"

\* The title is descriptive and appropriate for a case report. The terms "rare" and "complex" are justified by the content.

Abstract:

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- \* Line 6: "A significant amount of modern oral and maxillofacial surgery involves treating impacted third molars." – This opening sentence is too general for an abstract. The abstract should immediately focus on the specifics of this case report.
- \* Line 7: "Impacted both 2<sup>nd</sup> and 3<sup>rd</sup> molar is a rare case." – Good statement setting the context.
- \* Lines 8-9: Patient presentation is clear.
- \* Line 10: Radiographic findings are clearly stated.
- \* Line 11: Intervention is clear.
- \* Lines 11-12: Key surgical challenge and approach are mentioned.
- \* Lines 12-13: Outcome is clearly stated.
- \* Lines 13-14: The concluding statement of the abstract effectively summarizes the report's purpose.
- \* General Abstract Comment: The abstract is reasonably well-written but could be more impactful by starting with the uniqueness of the case.

### Introduction:

- \* Line 16: "...oral and maxillofacial surgeons do is..." – Consider "perform" instead of "do" for a more formal tone, consistent with "operations."
- \* Lines 19-20: "In order to forecast the length of the procedure and the patient's appointment time, it is crucial to assess the extraction's difficulty..." – This sentence is a bit awkwardly phrased. Consider rephrasing for clarity, e.g., "Assessing the difficulty of the extraction is crucial for predicting procedural duration and appropriate scheduling in an outpatient clinic setting."
- \* Line 23: "1,2" – This citation style is inconsistent with the bracketed style used later (e.g., ""). Please maintain consistency.
- \* Line 26: "issues is impacted third molars.<sup>3</sup>" – The superscript citation "<sup>3</sup>" is inconsistent with the predominant bracketed style (e.g., ""). This should be harmonized throughout the manuscript, preferably to the bracketed style used in most of the document.
- \* Lines 31-34: Mention of Pell and Gregory, Winter, and Pederson classifications is relevant for context.
- \* Lines 36-39: This section clearly states the report's aim and highlights its significance.

### Case Report:

- \* Lines 43-45: "A 26 years old male patient attended... with complains of pain and food lodgement on the right posterior region lower jaw since last 3 months." – "Complains" should be "complaints."
- \* Line 45: "Apart from the habit of tobacco smoking since last 5 years." – This sentence feels tacked on. Integrate it more smoothly, e.g., "The patient reported a 5-year history of tobacco smoking."
- \* Lines 46-47: "intraorally the crown of a second molar partially impacted was present with no pericoronal soft changes." – "partially impacted" modifies "second molar." Consider: "...the partially impacted crown of the second molar was visible, with no pericoronal soft tissue changes."
- \* Line 48: "Patient was adviced for CBCT..." – "adviced" should be "advised."
- \* Lines 49-51: "CBCT revealed the second molar overlying the third molar tooth, almost in a horizontal plane with close proximity of the underlying tooth to the inferior dental canal." – "Inferior dental canal" is more commonly referred to as the "inferior alveolar canal (IAC)" or "mandibular canal." Please use consistent and standard terminology (the abstract uses "inferior alveolar canal").
- \* Lines 51-52: "...surgical removal of both second and third molar under local anaesthesia." – Consider adding "was planned" or "was indicated" after "anaesthesia" if this sentence refers to the decision post-investigation. The actual surgery is described next.
- \* Line 53: "modified Wards incision." – It would be beneficial for readers if "modified Ward's incision" is briefly described or if a reference is provided for the specific modification used, if it's not universally standard.
- \* Line 54: "Moore and Gilbe collar bone technique." – Similar to the incision, a brief description or reference for the "Moore and Gilbe collar bone technique" would be helpful, as it may not be familiar to all readers.
- \* Line 55: "straight warwick james elevator were created..." – "elevator were" should be "elevator was."

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\* Lines 56-57: "The second molar tooth was delivered following which the third molar was decapitated by a number 702 surgical fissure bur and removed." – Clarity on "decapitated" (crown sectioned from roots?) is good.

\* Line 59: "Poat operative wound healing..." – Typo: "Poat" should be "Post."

\* Line 60: "...suture were removed..." – "suture" should be "sutures."

Images (Pages 3-4):

\* General Comment: The images are watermarked "IJAR" and "UNDER PREVIEW" / "UNDER PEER REVIEW IN IJAR," which is distracting for a final manuscript. The resolution of the images in the provided PDF is low. For publication, high-resolution images would be essential.

\* Line 66 (Page 3): "PRE OPERATIVE PHOTOGRAPH" – Useful clinical view.

\* Line 70 (Page 4): "CBCT" – This image is crucial. However, specific slices or views demonstrating the relationship with the IAC and the positions of both molars would be more informative than a single, potentially non-diagnostic, slice.

\* Line 71 (Page 4): "2<sup>ND</sup> AND 3<sup>RD</sup> MOLAR" – Assuming these are the extracted teeth, this is a good illustrative addition.

\* Line 72 (Page 4): "SUTURING DONE" – Shows closure.

\* Line 78 (Page 4): "AFTER REMOVAL OF SUTURES" – Shows healing.

Discussion:

\* Lines 79-85: This section discusses general etiologies of eruption disturbances. While background, its direct relevance to the specific "double impaction" rather than general impaction could be strengthened.

\* Lines 86-93: The discussion of Arjona-Amo et al.'s work on "kissing molars" is highly relevant.

\* Line 93: "...sutured with 4/0 polypropylene monofilament sutures.9" – Citation "9" should be in brackets, e.g., "[9]", for consistency if that's the chosen style for the journal.

\* Lines 94-100: Theories by Scott and Dixon are presented.

\* Line 100: "...second deciduous molar.10" – Inconsistent citation style.

\* Lines 102-108: Introduction of "kissing molars" terminology and its association with MPS is relevant.

\* Line 108: "...aspect of the illness.11" – Inconsistent citation style.

\* Lines 110-113: Clarification that the current case did not suggest MPS is important. "their roots diverging and their crowns closely apposed" is a good description.

\* Line 115: "...this patient.11" – Inconsistent citation style.

\* Lines 117-118: "It was decided to surgically remove our patient's third and fourth right mandibular teeth." – CRITICAL ERROR: The case report is about the 2<sup>nd</sup> and 3<sup>rd</sup> molars. "Fourth" is incorrect and significantly undermines the accuracy of the discussion. This needs immediate correction to "second and third".

\* Lines 124-126: "In order to minimize the amount of bone that had to be removed due to the placement of the two impacted teeth, they have decided to section both the third and fourth molars." – CRITICAL ERROR: Again, "fourth" molar is incorrect. It should be "second." This error is repeated.

\* Line 126: "...mandibular fracture or 12 harming the inferior alveolar nerve." – Inconsistent citation style. The "12" likely refers to a citation within Boffano et al.'s paper, not this manuscript's reference list directly for that statement. This should be clarified or rephrased.

\* Lines 134-143: This part of the discussion reads more like a summary of the current case and its management, which overlaps with the purpose of a conclusion.

\* Line 138: "The use of a curved Warwick James elevator was particularly useful in engaging the curved root of the third molar." – This is a good specific detail about the technique.

\* General Discussion Comment: The discussion touches upon relevant literature, particularly regarding "kissing molars." However, the critical errors in referring to a "fourth molar" need urgent correction. The structure could also be improved; the initial paragraphs are very general, and the final part reiterates case specifics that might fit better or be condensed in the conclusion. The discussion should focus more on

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comparing and contrasting this case's specifics (findings, technique, outcome) with the cited literature, beyond just summarizing what others have reported.

Conclusion:

\* Lines 155-157: "In this case study, a profoundly impacted mandibular third molar that was tightly related to the inferior alveolar canal was successfully surgically removed." – While true, it underemphasizes the "double molar" aspect which is highlighted as "rare" in the title and abstract. It should state the successful removal of both the second and third molars.

\* Lines 157-163: The conclusion effectively reiterates the importance of planning, technique, and management, and the contribution of the case.

\* General Conclusion Comment: Good summary, but ensure it reflects the full scope of the case (i.e., both molars).

References:

\* Lines 165-195: A list of 12 references is provided.

\* Inconsistency: The text uses bracketed citations like "" which map to line numbers in the source document provided to me. However, the manuscript text itself (visible in the PDF) uses a mix of superscript numbers (e.g., "<sup>3</sup>" on Line 26), comma-separated numbers (e.g., "1,2" on Line 23), and numbers post-punctuation (e.g., "...sutures.9" on Line 93). The reference list at the end (Lines 165-195) is numbered 1-12. This internal inconsistency in citation style within the manuscript body needs to be standardized to match the journal's requirements (likely either all bracketed or all superscript, matching the final list).

\* For example, the source text on Line 23 cites "1,2". These correspond to Eshghpour et al. and Ishii et al. in the reference list. The source text on Line 26 cites "<sup>3</sup>", which would correspond to Synan W, Stein K.

\* The citations like ".9", ".10", ".11" in the discussion (Lines 93, 100, 108, 115, 126) are particularly problematic if they are meant to be reference numbers, as they are not standard. They should be formatted correctly (e.g., [9] or <sup>9</sup>).

Overall Recommendations:

\* Correct Critical Errors: Immediately correct the references to a "fourth molar" in the Discussion (Lines 118, 126) to "second molar."

\* Ensure Consistency:

\* Standardize citation style throughout the manuscript body and ensure they correctly link to the reference list.

\* Use consistent terminology (e.g., Inferior Alveolar Canal).

\* Improve Clarity and Precision:

\* Rephrase awkward sentences (e.g., Lines 19-20).

\* Correct typographical and grammatical errors (e.g., "complains," "adviced," "poat," singular/plural agreement).

\* Enhance Scientific Detail (Optional but Recommended):

\* Briefly describe or reference non-standard techniques like the specific "modified Ward's incision" or "Moore and Gilbe collar bone technique."

\* If possible, include more illustrative CBCT images (e.g., specific slices showing the bucco-lingual position and relation to IAC).

\* The discussion could benefit from a more direct comparison of the surgical approach used in this case versus approaches for "kissing molars" or other complex impactions described in the literature.

\* Refine Structure:

\* Make the abstract's opening more specific to the case.

\* Consider streamlining the Discussion to avoid repetition with the Conclusion and to ensure a focused analysis.

\* Ensure the Conclusion accurately reflects the full scope of the case (double molar removal).

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This case report has the potential to be a valuable contribution due to the rarity of the condition. Addressing these points will significantly strengthen the manuscript.