

REVIEWER'S REPORT

Manuscript No.: IJAR-53449

Date: 20/08/2025

Title: Esthetic zone at risk: Successful endodontic management of internal root resorption in central incisor - A challenging endodontic case report

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: 20/08/2025

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.

This manuscript presents a well-documented case report on the nonsurgical endodontic management of a perforating internal root resorption in a maxillary central incisor. The case is clinically relevant, and the treatment protocol follows modern endodontic standards. The manuscript is generally well-written and structured logically.

Detailed Reviewer's Report

Here is a detailed, in-depth peer review of the provided manuscript.

Review of Manuscript: "Esthetic zone at risk: Successful endodontic management of internal root resorption in central incisor - A challenging endodontic case report"

This manuscript presents a well-documented case report on the nonsurgical endodontic management of a perforating internal root resorption in a maxillary central incisor. The case is clinically relevant, and the treatment protocol follows modern endodontic standards. The manuscript is generally well-written and structured logically. However, several areas could be improved for clarity, conciseness, and scientific rigor.

The following is a detailed section-by-section review with specific line-numbered comments.

Major Comments

* Redundancy in the Discussion: The Discussion section contains significant repetition. Several paragraphs reiterate the treatment steps already detailed in the "Clinical Management" section and restate the benefits of materials (like Calcium Hydroxide) multiple times (e.g., Lines 181-186, 190-196, and 200-

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203). This section should be condensed to focus on comparing the chosen approach with alternatives, discussing the limitations of the case, and analyzing the outcomes in the context of existing literature, rather than simply restating the procedure.

* Lack of Critical Analysis and Limitations: While the case was managed successfully, the manuscript would be strengthened by a more critical discussion of the challenges and limitations. For instance, the diagnosis of a "perforating" lesion was made without CBCT, which can be challenging on 2D radiographs. The discussion should acknowledge this limitation and explain the clinical and radiographic clues that led to this diagnosis. Furthermore, the risks of the chosen obturation technique, such as the potential for material extrusion into the periodontium when filling a large perforation with MTA, are not discussed.

Specific, Line-by-Line Comments

Title

* Lines 1-3: The title is descriptive but slightly long. Consider a more concise version such as: "Endodontic Management of Perforating Internal Root Resorption in a Maxillary Central Incisor: A Case Report."

Abstract

* Line 8: The abstract describes the case as presenting with "asymptomatic radiolucency."

* Lines 102-103: The case description states there was "mild sensitivity on percussion test." This is a contradiction. Please amend the abstract to accurately reflect the clinical findings. An asymptomatic tooth would not have sensitivity to percussion.

Introduction

* General: The introduction provides a solid and comprehensive background on Internal Root Resorption (IRR). It is well-referenced and logically structured.

* Lines 70-72: Excellent point on differentiating IRR from external resorption using techniques like the tube shift or CBCT. This appropriately sets the stage for the later discussion of the patient declining a CBCT.

Case Report

* Lines 108-110: The phrasing "failed to give us any consent for the same. Patient was skeptical due to radiation" could be more professional. Suggest rephrasing to: "The patient declined consent for a CBCT scan, expressing concern regarding radiation exposure."

* Lines 113-115: The diagnosis is stated as "perforating internal root resorption." Given the absence of a CBCT, it would be beneficial to briefly state what radiographic signs (e.g., loss of the clear outline of the root canal wall adjacent to the bone) suggested a perforation was present.

Clinical Management

* General: This section is very well-written and details a protocol that aligns with current best practices. The inclusion of specific material names and the use of ultrasonic activation for irrigation is commendable.

* Lines 127-130: The detailed description of the ultrasonic activation protocol (device, time, and repetitions) is a significant strength of this report, adding valuable, replicable information.

* Lines 150-151: It is mentioned that a PFM crown was placed after one month. Was a post placed to retain the core and crown? Given the significant loss of coronal tooth structure shown in Fig-1a, this is an important detail regarding the final restoration's structural integrity. If no post was used, a brief justification would be valuable.

* Line 151: The one-year follow-up is crucial for a case report. It is good that this was included to demonstrate the success of the treatment.

Discussion

* Lines 177-180: This paragraph correctly links the patient's history of trauma to the etiology of IRR and justifies the treatment approach.

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* Lines 181-186 & 200-203: These sections both discuss the benefits of calcium hydroxide. They should be combined into a single, concise point to avoid repetition.

* Lines 190-198: This paragraph largely summarizes the treatment protocol that was already detailed in the "Clinical Management" section. This is redundant. It is recommended to remove the procedural summary from the discussion and instead focus on why these specific choices were optimal for this case. For example, discuss why ultrasonic activation was particularly important for debriding the irregular resorptive defect compared to conventional needle irrigation.

* Lines 205-209: The justification for using MTA is sound. To enhance this section, consider briefly comparing the chosen method (filling the entire canal with MTA) to alternative strategies, such as placing an MTA plug only at the perforation site followed by obturating the rest of the canal with a different material (e.g., thermoplasticized gutta-percha).

Conclusion

* Lines 215-221: The conclusion is clear, concise, and effectively summarizes the key messages of the report.

Recommendation

This is a valuable case report with high-quality clinical documentation. The core of the manuscript is strong; however, its scientific quality can be significantly enhanced by addressing the issues of redundancy and adding more critical analysis to the Discussion section.

Therefore, the recommendation is to Accept with Minor Revisions. The authors are encouraged to revise the manuscript based on the comments above to improve its clarity, impact, and contribution to the literature.