

REVIEWER'S REPORT

Manuscript No.: IJAR-53803

Date: 13/09/2025

Title: MULTIDISCIPLINARY CARE FOR RARE CONDITIONS: DENTAL MANAGEMENT OF MUCOPOLYSACCHARIDOSIS TYPE-VI ;A 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: 13/09/2025

Detailed Reviewer's Report

Here is a detailed in-depth review of the manuscript titled "Multidisciplinary Care for Rare Conditions: Dental Management of Mucopolysaccharidosis Type-VI; A Case Report", with line-number references for clarity and precision.

1. Title and Abstract (Lines 1–11)

- Strengths:

- The title is informative and clearly reflects the content.
- The abstract provides a concise overview of the condition and the case.

- Suggestions:

- Line 1: Consider rephrasing for clarity: "Dental Management of Mucopolysaccharidosis Type-VI: A Case Report."
- Line 6–7: The phrase "oral manifestation and challenges" could be expanded to specify what challenges were encountered.
- Line 10: "Dentist's understanding" could be reworded to "A dentist's comprehensive understanding..."

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2. Introduction (Lines 13–21)

- Strengths:
 - Provides historical context (Line 16).
 - Mentions prevalence and lack of data in India (Line 18–19).
- Suggestions:
 - Line 15: The phrase “absence of the enzyme” could be clarified as “deficiency or absence of functional arylsulfatase B.”
 - Line 19: Consider citing more recent or region-specific epidemiological data if available.

3. Case Report (Lines 23–82)

- Strengths:
 - Thorough documentation of systemic and oral findings.
 - Genetic confirmation (Line 29) adds credibility.
 - Multidisciplinary approach is evident.
- Suggestions:
 - Line 27–28: Include Apgar scores or neonatal complications if available.
 - Line 33–45: The list of general findings is comprehensive but could benefit from grouping (e.g., skeletal, neurological, etc.).
 - Line 47–51: The description of CVJ anomalies is highly technical; consider simplifying or adding a diagram.
 - Line 74: “Consent under general anesthesia was not given due to high risk” – consider elaborating on the specific risks.
 - Line 79–81: Radiographic limitations are noted; suggest alternative imaging techniques (e.g., ultrasound or MRI).

4. Discussion (Lines 84–162)

- Strengths:
 - Well-referenced and covers pathophysiology, clinical features, and oral manifestations.
 - Line 88–91: Good explanation of inheritance patterns.
 - Line 92–96: Clear description of biochemical basis.
- Suggestions:
 - Line 102–105: The mention of IDVA gene seems misplaced; this gene is associated with MPS I, not MPS VI.
 - Line 126–129: The statement about enamel and dentin changes could be supported with histological images or references.
 - Line 144–145: “Fall when walking” – consider rephrasing to “frequent falls due to gait abnormalities.”

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5. Oral Manifestations (Lines 148–157)

- Strengths:
 - Line 150–152: Specific findings like macroglossia and radiolucent lesions are well-documented.
 - Line 153–154: Good explanation of the biomechanical impact of macroglossia.
- Suggestions:
 - Line 155–156: Deep palatal grooves could be illustrated with intraoral photos or diagrams.
 - Line 157: Behavioral and mental difficulties are mentioned; consider elaborating on how these affect dental treatment planning.

6. Conclusion (Lines 164–169)

- Strengths:
 - Emphasizes the need for a multidisciplinary team.
 - Line 168–169: Lists relevant specialists involved.
- Suggestions:
 - Line 166: “Specialized medical and dental team” – consider specifying roles (e.g., sedation dentistry, pediatric anesthesiologist).
 - Line 169: Add mention of long-term follow-up and preventive care strategies.

7. Figures (Lines 176–196)

- Strengths:
 - Visuals support clinical findings (e.g., cervical collar, corneal clouding).
- Suggestions:
 - Ensure all figures are labeled clearly and referenced in the main text.
 - Line 176: Figure 1 should be discussed in the case report section for better integration.

8. References (Lines 208–294)

- Strengths:
 - Extensive and relevant citations.
 - Includes both foundational and recent studies.
- Suggestions:
 - Line 214: Ensure consistency in citation formatting.
 - Line 278–279: The 2024 case report is highly relevant; consider discussing its findings in the discussion section.

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Overall Assessment

- Scientific Merit: High – the manuscript presents a rare case with detailed clinical and dental management.
- Clarity: Moderate – some sections are overly technical and could benefit from simplification.
- Originality: Strong – rare condition with unique dental challenges.
- Recommendations:
 - Minor revisions for clarity and structure.
 - Add diagrams or tables to summarize findings.
 - Consider including a treatment timeline or flowchart