

REVIEWER'S REPORT

Manuscript No.: IJAR-54045

Date: 27-09-2025

Title: Expanding envelop of discrepancy

Recommendation:

Accept as it is
 Accept after minor revision.....Y.....
 Accept after major revision
 Do not accept (*Reasons below*)

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

Reviewer Name: Mr. Shashi Prakash

Date: 27-09-2025

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 paper is an exhaustively comprehensive and clinically applicable review of treatment timing in orthodontics, particularly in the setting of skeletal discrepancies and advanced treatment modalities. The novelty of this article is that it brings together established growth-based treatment windows with current innovations such as TADs and MARPE, providing real-world advice for treating malocclusions outside of optimal growth times.

Detailed Reviewer's Report

The introduction effectively establishes the context by clarifying the distinction between treatment timing and treatment duration and elucidating their significance in clinical orthodontics. It recognizes the controversy between one-phase and two-phase therapy and supports assertions with landmark studies. Stipulating the purpose of the paper in one absolute sentence towards the end of the introduction would better establish the structure of the manuscript.

The description of the envelope of discrepancy is well incorporated and current with contemporary methods such as skeletal anchorage. The discussion adequately justifies why treatment timing is important, especially in relation to

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growth possibilities and indicators of skeletal maturity. The application of skeletal indicators and correlation with treatment timing is a plus point. It could do with a concise table or image tabulating skeletal maturity signs for easy access.

In Transverse Discrepancies section it is a well-argued section and brings out the critical period of treating transverse issues of concern. Discussion of MARPE and its application in both adolescents and adults is perceptive and serves practical purpose. The incorporation of skeletal anchorage in expansion increases the window of treatment, which is closely related to the theme of the paper.

Incorporate clinical examples or case scenarios (even briefly) in order to more clearly show the increase in treatment timing with the use of MARPE or BAMP.

Excellent overview of the management of Class II malocclusion with both standard and newer appliances. The reference to molar-to-molar rigid appliances and skeletal anchorage methods is forward-thinking and represents current practice. The ability to extend the timing of treatment with these methods is adequately addressed.

This section can be enhanced with a flowchart representing varying options according to skeletal maturity status. Explain technical terms for wider readership (e.g., define "headgear effect").

The Class III section contains a solid discussion of the timing and complexity of treating Class III malocclusions. The inclusion of dual-component treatments, TADs, and BAMP is exceedingly appropriate. The rationale for timing treatment to prevent two-phase therapy is solid and adds new clinical insights. Provide more clarity to the CS stages listed (CS1–CS6) and define them briefly upon initial use. Even consider tabulating the clinical approach for greater visual clarity.

Vertical Discrepancies: This section is notable for discussing both hypodivergent and hyperdivergent patterns. It rightly compares the two schools of thought on early vs. delayed treatment and defends the usage of TADs in late correction. Incorporation of vertical dimension management with TADs is especially relevant and useful. Streamline the structure of the paragraph for

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easier reading. The long sentences with several ideas now make it a bit difficult to read. Emphasize the distinction between skeletal and dentoalveolar corrections more strongly.

The conclusion sums up the major treatment times in each direction nicely and reminds us of the central concept of widening the treatment window with contemporary tools. Provide a final, insightful reflection on the future of growth-based orthodontics with skeletal anchorage.