

Review Form 1.6

Journal Name:	Asian Journal of Dental Sciences
Manuscript Number:	Ms_AJDS_84138
Title of the Manuscript:	Facemask Early Treatment Followed by Fixed Appliance for An Angle Class III malocclusion – A Long Term Follow Up Case Report
Type of the Article	Case report

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<p>Aim: The incidence of Angle Class III malocclusion is about 5- 15% of the Asian population....(to be mentioned as Prevalence)</p> <p>Figure 1. Initial record --- 2003/02;10.5yr(Title of photographs to be clear and specific)</p> <p>Presentation of case: to explained in detail.. with time span and phases and treatment out come along with clinical and radiographic findings.</p> <p>Table 1 to be explained in details about its significant findings.</p> <p>Discussion : (to compare previous study finding with the present findings.)</p>	<ol style="list-style-type: none"> 1. Prevalence --- instead of « incidence » (revised) 2. Table 1 to be explained in details about its significant findings. I have revised the manuscript ---In Table 1, the treatment changes from initial phase to phase II showed that the mandible had more growth tendency (SNA from 79 °to 80°; SNB from 79 °to 81°; ANB from 0°to -1°; Ar-Gn from 97mm to 110mm). But molar Class I occlusion achieved after fixed appliance treatment. (Figure 3). The anterior cross bite correction was mainly by protraction of upper incisors (1-SN from 89 °to 110°, 1-NA from -2mm to +5 mm), and the angulation of lower incisor didn't change much. --- long term follow-up outcome showed that the occlusion maintained well. The angulation of upper incisors didn't change while mild retroclination of the lower incisor noted. In the long-term skeletal change showed that there was still mandible forward growth after age fourteen (Ar-Gn from 110 mm to 117mm). The mandibular plane angle decreased noticeable (FMA from 26 °to 22°) due to a more increase at posterior facial height (S-Go from 85 mm to 95mm). (Table 1) 3. Discussion (revised) As mentioned by some of the above studies, to achieve favorable outcome of Class III early treatment was recommended to start by early to mid-mixed dentition period [6,15] or under 10 years of age [19]. Study also showed that forward displacement of the maxilla by facemask therapy with or without expansion was significantly greater than in the control group [16]. This case report started facemask treatment in late mixed dentition without expansion, and had satisfactory. However, the overall treatment outcome revealed that there were more dental effects than skeletal changes. It may imply that the earlier the better for Class III treatment to have more significant skeletal changes, but still need more research and evidence to support it.
Minor REVISION comments	All Figures can be explained in detail about its clinical significance.	I did follow the reviewer's comments. Please see all the "figures" part.
Optional/General comments		

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PART 2:

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	As I know, for case report, there is no need for IRB approval (no ethical issues).