|  |
| --- |
|  |
| Journal Name: | **[Advances in Research](https://journalair.com/index.php/AIR)**  |
| Manuscript Number: | **Ms\_AIR\_133008** |
| Title of the Manuscript:  | **Cervical cutaneous fistula of odontogenic origin in a dog: Case Report** |
| Type of the Article | **Case report** |

|  |
| --- |
| PART 1: Comments |
|  | Reviewer’s comment**Artificial Intelligence (AI) generated or assisted review comments are strictly prohibited during peer review.** | Author’s Feedback *(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)* |
| **Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.** | Fistula or communication is an aggressive pathology with usually a widespread area of destruction including bone, and overlying mucosa/skin as a result of prolonged infection. The current case report gives insight into clinical potential used to aid in its diagnosis as simple as a Radiograph which commends good clinical skill worth publishing for widespread awareness. |  |
| **Is the title of the article suitable?****(If not please suggest an alternative title)** | Yes title is appropriate  |  |
| Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here. | Yes it is suitable |  |
| Is the manuscript scientifically, correct? Please write here. | Yes |  |
| **Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.** | Yes |  |
| Is the language/English quality of the article suitable for scholarly communications? | Yes |  |
| Optional/General comments | * Please rewrite first two paragraphs of introduction of manuscript in theird person as every line of an introduction can not be a reference - it suggests lazy form of writing with no new scientific value being added.
* Case presentation is very well written
* Kindly delete 3rd paragraph of discussion as most statements are contradicting each other - the current case is provisionally and finally diagnosed as pulpal Necrosis most commonly cause by trauma or dental caries and not Periodontal disease as your own clinical findings suggests no pocket just erythema in the gingiva commonly seen in dentoalveaolar conditions as well as periodontal disease. The very inclusion of this paragraph suggests ENDO-PERIO lesion resulting is dentoalveaolar abscess causing bone necrosis leading to Cutaneous Fistula ( STOP COUNTER DISCUSSING YOUR OWN DIAGNOSIS)
 |  |

|  |
| --- |
| **PART 2:**  |
|  | Reviewer’s comment | Author’s comment *(if agreed with the reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)* |
| **Are there ethical issues in this manuscript?**  | *No* |  |

**Reviewer Details:**

**Siddharth Narayan, Saveetha Institute of Medical and Technical sciences, India**