|  |  |
| --- | --- |
| Journal Name: | [**International Journal of Research and Reports in Dentistry**](https://journalijrrd.com/index.php/IJRRD) |
| Manuscript Number: | **Ms\_IJRRD\_137940** |
| Title of the Manuscript: | **Reversal of Osseodisintegration: An asset for Implantology** |
| 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** (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.** | **This manuscript addresses a rarely discussed but clinically significant phenomenon in implant dentistry where the potential for reversing osseodisintegration following recurrent screw loosening. It offers a detailed account of how timely unloading and reassessment of implant stability using resonance frequency analysis can salvage implants previously deemed at risk. Given the limited literature on managing compromised implant stability due to mechanical complications, this case provides valuable insight into alternative strategies that may extend implant lifespan. Its long-term follow-up further adds credibility and clinical relevance, making it a meaningful contribution to the field of implantology.** | Success of the implant depends upon the status of peri-implant supporting tissues and biomechanical factors. The effect of micromotion due to disturbance in any of the above factors indicated that the micromotion would induce fibrous tissue encapsulation resulting mobility. Generally if there is mobility, treatment plan is more towards the removal of implant as per Misch classification on implant survival. Despite this subsequent immobilization may lead to a reverse tissue differentiation as presented here that will be beneficial for patients undergoing implant therapy if such undue circumstances took place. Also, removal of ailing implant is traumatic to the patients.  It has been added in such way in the manuscript. |
| **Is the title of the article suitable?**  **(If not please suggest an alternative title)** | **Yes, the current title — *"Reversal of Osseodisintegration: An Asset for Implantology"* — is relevant and hints at the core message of the manuscript. However, it could benefit from being slightly more descriptive and specific for clarity and searchability.** | Yes Sir, thank you. |
| **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.** | **The abstract is informative but can be improved by enhancing clarity and structure. It currently includes some redundant phrasing and grammatical issues. I suggest condensing the background, focusing on key clinical steps, and rephrasing the clinical significance section for better readability.** | Yes I would like to add some points and it has been added in the manuscript. |
| **Is the manuscript scientifically, correct? Please write here.** | **Yes, the manuscript is scientifically sound. It follows established clinical protocols, uses validated tools like resonance frequency analysis for implant stability, and references relevant literature to support its findings. However, some claims such as the reversal of osseodisintegration would benefit from cautious interpretation and acknowledgment of limitations due to the single-case nature of the report.** | Yes sir as per my clinical experience and literature I have found regarding this. |
| **Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.** | **The references are generally sufficient and cover both foundational and contemporary studies relevant to implant stability and screw loosening. However, a few more recent studies (post-2020) on implant micromotion, RFA, or long-term outcomes of immediate loading could enhance the manuscript’s relevance. Including updated systematic reviews or clinical guidelines would further strengthen the evidence base.** | Ok sir. It has been added.\* |
| **Is the language/English quality of the article suitable for scholarly communications?** | **The manuscript demonstrates a good understanding of the subject matter, but the language and grammar need improvement for scholarly communication. There are several instances of awkward phrasing, run-on sentences, and inconsistent terminology. A thorough language edit is recommended to enhance clarity, flow, and professionalism**. | Ok Sir, I will correct it. |

|  |  |  |
| --- | --- | --- |
| **PART 2:** | | |
|  | **Reviewer’s comment** | **Author’s Feedback** (It is mandatory that authors should write his/her feedback here) |
| **Are there ethical issues in this manuscript?** | *(If yes, Kindly please write down the ethical issues here in details)* | No, there is no ethical issue regarding this manuscript. |