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| Journal Name: | [**Archives of Current Research International**](https://journalacri.com/index.php/ACRI) |
| Manuscript Number: | **Ms\_ACRI\_139830** |
| Title of the Manuscript: | **Esthetic and functional restorative management with composite resin veneers in a patient with bruxism: clinical guideline proposal** |
| Type of the Article | **Case Report** |

| **PART 1: Comments** | | |
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|  | **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.** | **Advised to make the article a Case report only and not clinical guideline proposal as** Clinical skill is documented in Case reports which when made public, allows individuals to follow a similar conservative dentistry protocol to achieve reproducible results (which are very good in the current report) seen in Clinical Pictures. But there is Lack of data and recall and diversity in the currently proposed guideline. | We have addressed this point. The manuscript was revised to clarify that it presents a case report. All references to a “clinical guideline” have been removed and replaced with the term “recommendations.” We agree that broader validation is required before proposing a formal guideline. |
| **Is the title of the article suitable?**  **(If not please suggest an alternative title)** | I don’t think the case report qualifies for **“clinical guideline proposal”** advised to stick to a case report. A guideline is a precise protocol for every kind of Bruxism case based on investigative data not clinical skill which helps in diagnosis, evaluation, treatment planning and lots of scope for clinical adjustments based on clinical Scenario with multiple patients over a large period of time. | As requested, the final line of the abstract referencing “evidence-based” practice has been removed. However, we respectfully clarify that the diagnosis of nocturnal bruxism was supported by a comprehensive assessment including detailed clinical examination, patient history, and documented reports over time. According to established standards, clinical diagnosis of bruxism can be made based on clinical signs and patient-reported symptoms, even without the use of adjunctive tools like T-scan. |
| **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.** | **+**Kindly remove the last line of abstract suggesting “evidence based” as Bruxism was diagnosed clinically with past medical history without the use of T-scan or any bruxism index which means it is not evidence based. In fact you cant even prove “Nocturnal Bruxism” as no definitive clinical i**nspection/index/ muscle examination/ wear facets index was done.** | We have removed the line as requested. We kindly disagree according to nocturnal bruxism since it was documented in the whole patient's historical documentation and examination descriptions, além do relato do mesmo. O diagnóstico de bruxismo é dado pelos achados clínicos e de controle, não pelo emprego de dispositivos adicionais como “t-scan”. |
| **Is the manuscript scientifically, correct? Please write here.** | + Review was done after 3 months? that is **not a very significant recall and review period**.  +Write your article scientifically in 3rd person with proof based on what you are trying to say, not hearsay and history for example “The patient was reassessed after three months, and the veneers remained intact, contrasting with the previous treatment, where the restorations fractured within less than 24 hours after the procedure.” -Delete this sentence in legend of figure 9 as there is No proof there are 100 reasons for restorative failure **tainting someone else’s work does not make yours superior stick to facts you can prove not patient history**.  +There is No mention of **splint fabrication** in the entire article – Kindly explain which type of splint was given and why it was given (rationale) to make it a multidisciplinary article along with VD loss in posteriors (no clinical image) which should be assessed in Bruxism? | We acknowledge the reviewer’s point. The follow-up period was limited to three months, as transparently stated. We did not overstate its relevance and clarified it accordingly.The legend in Figure 9 was revised to remove any implication of superiority over previous treatments. Our intention was never to discredit prior work, but to highlight that, in this instance, the consistent use of a splint contributed to clinical stability. The phrasing was adjusted to reflect this.The occlusal splint fabrication was detailed in the revised manuscript. We described the type (2 mm-thick acrylic stabilizing splint), the rationale (management of functional instability related to bruxism), and the fabrication process (including bite registration, molding technique, and material used). This approach reflects a multidisciplinary strategy, as reinforced in the abstract and discussion. |
| **Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.** | +Incorrect use of references  Definitions and facts can ONLY be sited from textbooks or scientific Clinical trials which proves stated fact and not literature reviews which just compiles data. For example the use of composite resin as an ideal restoration should be cited from the first author to prove this with a review for at least 2-3 years. | We respectfully disagree with the assertion that only textbooks or clinical trials are valid sources. High-quality literature reviews published in peer-reviewed journals play a crucial role in summarizing the current state of knowledge, especially in areas like bruxism and restorative dentistry, where robust clinical trials are still relatively scarce. In our manuscript, we carefully selected both original studies and literature reviews with methodological rigor and relevance. Upon re-evaluation, we believe all cited references remain appropriate and justified. |
| **Is the language/English quality of the article suitable for scholarly communications?** | Yes | Thank you. |
| **Optional/General** comments | + the first 2 references represent a definition which can not be taken from an article as Bruxism is a standardised dental term kindly take it from GPT or Dental Books only.  +the 3rd reference is a literature review used to justify a biomaterial fact kindly cite from Annusavice or Phillips textbook on dental materials not a literature review  +Was No inquiry made into the Existing Composite Veneer/ restoration that was removed which could have been made from the same Ivo Clair composite resin used to rehabilitate the current case mention Past medical history in detail and use the phrase “patient claims”? | We appreciate the reviewer’s comments. We would like to clarify that all the points raised, including the source of definitions, the citation of biomaterials, and the investigation of the previous restoration are addressed either explicitly or implicitly throughout our manuscript. Additionally, we have updated the reference on dental materials to the Phillips' Science of Dental Materials, as suggested. |

| **PART 2:** | | |
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|  | **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)* |
| **Are there ethical issues in this manuscript?** | *(If yes, Kindly please write down the ethical issues here in details)* |  |