Decision Letter (JCQ-2025-0019)

From: jcqeic@gleampub.com

To: cmumengxue@126.com

CC: cmumengxue@126.com

BCC:

Subject: Journal of Clinical Question - Decision on Manuscript ID JCQ-2025-0019

Body: 13-Jun-2025

Dear Dr Meng:

Manuscript ID JCQ-2025-0019 entitled "Twin Block Appliance for Postoperative Treatment of Intracapsular Condylar Fracture in a Child: A Case Report" which you submitted to the Journal of Clinical Question, has been reviewed. The comments of the reviewer(s) are included at the bottom of this letter.

The reviewer(s) have recommended publication, but also suggest some revisions to your manuscript. Therefore, I invite you to respond to the reviewer(s)' comments and revise your manuscript.

To submit your revised manuscript, follow the below steps.
1. Access to https://mc.manuscriptcentral.com/jcq and log into the site.
2. Click "Author" at the top left of the screen at "Home" page.
3. Click "Manuscripts with Decisions" on Author Dashboard page.
4. Click "create a revision" on the manuscript you are going to revise.
5. The system creates your revision manuscript form. Provide your comments about the revised points at the response field, fill in on each field step by step as same as you did for the original submission, and submit your revised manuscript.
IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.
Your manuscript number has been appended to denote a revision.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer. Please also highlight the changes to your manuscript within the document by using the track changes mode in MS Word or by using bold or colored text.

Once the revised manuscript is prepared, you can upload it and submit it through your Author Center.

When submitting your revised manuscript, you will be able to respond to the comments made by the reviewer(s) in the space provided. You can use this space to document any changes you make to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewer(s).

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Because we are trying to facilitate timely publication of manuscripts submitted to the Journal of Clinical Question, your revised manuscript should be uploaded as soon as possible. If it is not possible for you to submit your revision in a reasonable amount of time, we may have to consider your paper as a new submission.

Once again, thank you for submitting your manuscript to the Journal of Clinical Question and I look forward to receiving your revision.

Sincerely,
Professor Richard Isaacs
Editor in Chief, Journal of Clinical Question
jcqeic@gleampub.com

[Editor's Comments]
Associate Editor
Comments to the Author:
(There are no comments.)

[Reviewer(s)' Comments]
Reviewer: 1

Comments to the Author
In this manuscript, the author reports a case of an 8-year-old child undergoing functional correction using Twin Block Appliance (TBA) after surgery, achieving a good therapeutic effect. The author concludes that this method can effectively correct mandibular deviation, restore occlusal function, and does not affect growth and development. Nevertheless, this manuscript has the following limitations:

1. Numerous literature reports exist on the functional correction of intracondylar fractures in children. Compared with prior studies, this method represents only a minor improvement in orthodontic appliance design and lacks significant innovation.
2. For intracondylar fractures in children, simple surgery or conservative treatment demonstrates comparable efficacy in most patients. The author failed to validate the incremental benefit of TBA through comparative studies, relying solely on a single-case therapeutic outcome. This renders the conclusion insufficiently robust.
3. A single case report cannot substantiate the claim that "TBA is a safe and practical option." Additionally, the author omitted critical patient selection criteria (e.g., age, fracture type, and indications), making it impossible to exclude confounding factors such as spontaneous healing or the primary surgical intervention.
4. The experimental section describes only the treatment workflow, omitting essential methodological details (e.g., TBA design specifications, force application protocols, and adherence monitoring), thereby compromising reproducibility.
5. Low clinical applicability: No evidence demonstrates TBA's superiority over existing therapies, and the conclusions lack generalizability.
A randomized, stratified controlled trial with an expanded cohort encompassing diverse fracture types should be conducted. Upon acquiring reliable data, the authors could resubmit the manuscript with: (1) detailed biomechanical principles of TBA and personalized design strategies; (2) objective evaluation metrics and longitudinal follow-up data; and (3) in-depth discussion of functional correction's indications and contraindications in pediatric fracture management.

Reviewer: 2

Comments to the Author
Line 65: Do we know the molar relation, overjet of the patient before the trauma?
Line 90 96: Kindly use FDI notation for the teeth.
Line 87: What was the mouth opening when the twin block appliance was fabricated?
Line 97: Kindly clarify why was headgear used in this case? Headgears are usually used to restrict the growth of maxilla in young patients.
Tüfekçi E, Allen SB, Best AM, Lindauer SJ. Current trends in headgear use for the treatment of Class II malocclusions. The Angle Orthodontist. 2016;86(4):584-9.
Line 133: Was an occlusal pad used in this case? Clarify was it before or after the twin block therapy.
Line 154: "Higher cost" is not an limitation of the twin block as it is comparatively cheaper in most part of the world.
Kindly mention the amount of overjet correction achieved with twin block.
Kindly mention if any retention appliance was given after the functional appliance therapy.
Reference 14, 15, 16, 20 seem inappropriate. Kindly recheck the articles.

Date Sent: 13-Jun-2025

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Author's Response to Decision Letter for (JCQ-2025-0019)

Twin Block Appliance for Postoperative Treatment of Intracapsular Condylar Fracture in a Child: A Case Report

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Twin Block Appliance for Postoperative Treatment of Intracapsular Condylar Fracture in a Child: A Case Report" (ID: JCQ-2025-0019). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our research. We have studied comments carefully and have made correction which we hope meet with approval. Revised portions are marked in blue in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Reviewer: 1

Comments to the Author
In this manuscript, the author reports a case of an 8-year-old child undergoing functional correction using Twin Block Appliance (TBA) after surgery, achieving a good therapeutic effect. The author concludes that this method can effectively correct mandibular deviation, restore occlusal function, and does not affect growth and development. Nevertheless, this manuscript has the following limitations:

1.Numerous literature reports exist on the functional correction of intracondylar fractures in children. Compared with prior studies, this method represents only a minor improvement in orthodontic appliance design and lacks significant innovation.
The author's answer：Thank you for your time and consideration in reviewing my manuscript. We understand your concerns regarding the manuscript. Orthodontic appliance (Twin Block) is commonly used in orthodontic correction, less used in intracondylar fractures after surgery in children. In our case, using Twin Block can reduce the occurrence of complications, at the same time, it reduces the trauma caused by major surgery. Although lacking in significant innovation，it is very suitable for this case, especially suitable for children with extensive occlusal trauma, anterior tooth injury, or missing molars.

2.For intracondylar fractures in children, simple surgery or conservative treatment demonstrates comparable efficacy in most patients. The author failed to validate the incremental benefit of TBA through comparative studies, relying solely on a single-case therapeutic outcome. This renders the conclusion insufficiently robust.
The author's answer：Thank you for your comment. We appreciate your perspective on this matter. When treating this case, we had various discussions. The child had severe body trauma and both condyles were fractured. To reduce trauma and the special condition of the child, we chose this method. That is true relying solely on a single-case therapeutic outcome cannot render the conclusion insufficiently robust. In subsequent cases, we will continue to observe and add control studies.

3. A single case report cannot substantiate the claim that "TBA is a safe and practical option." Additionally, the author omitted critical patient selection criteria (e.g., age, fracture type, and indications), making it impossible to exclude confounding factors such as spontaneous healing or the primary surgical intervention.
The author's answer：Thank you for your comment. This is an important point. We really need more cases to confirm TBA is a safe and practical option, so we can get more information and indications.
As this case, it is an 8-year-old girl. CT imaging revealed bilateral intracapsular condylar fractures, Type A on the left and Type B on the right, along with a non-displaced left mandibular fracture. In this He classification widely used in China[1], Type A fractures are more likely to progress to ankylosis and may warrant early surgical intervention, while Types B is generally treated conservatively by traction methods. Common traction methods include screws, orthodontic brackets, and intermaxillary elastics. However, these are often unsuitable for the children in the period of tooth replacement. Through this case, we found that TBA is suitable for children with extensive occlusal trauma, anterior tooth injury, or missing molars. Of course, we need more cases to analyze fracture classification and suitable indications.
1. He D, Yang C, Chen M, Jiang B, Wang B. Intracapsular condylar fracture of the mandible: our classification and open treatment experience. J Oral Maxillofac Surg. Aug 2009;67(8):1672-9. doi:10.1016/j.joms.2009.02.012

4. The experimental section describes only the treatment workflow, omitting essential methodological details (e.g., TBA design specifications, force application protocols, and adherence monitoring), thereby compromising reproducibility.
The author's answer：Thank you for your comment. We are very sorry for our negligence of TBA design specifications, force application protocols, and adherence monitoring which compromising reproducibility. For our case, we made a treatment plan, the purpose of using TBA after surgery was to raise the bite height and reduce the occurrence of postoperative complications. We ignored these considerations, so we will add these concerns in future cases by your suggestion.

5. Low clinical applicability: No evidence demonstrates TBA's superiority over existing therapies, and the conclusions lack generalizability.
A randomized, stratified controlled trial with an expanded cohort encompassing diverse fracture types should be conducted. Upon acquiring reliable data, the authors could resubmit the manuscript with: (1) detailed biomechanical principles of TBA and personalized design strategies; (2) objective evaluation metrics and longitudinal follow-up data; and (3) in-depth discussion of functional correction's indications and contraindications in pediatric fracture management.
The author's answer：Thank you for your comment. It is true as reviewer suggested the randomized, stratified controlled trial with an expanded cohort encompassing diverse fracture types should be conducted. So personalized design strategies, indications and contraindications, objective evaluation metrics and longitudinal follow-up data will focus and summarize in future cases by your suggestion.

Reviewer: 2

Comments to the Author
Line 65: Do we know the molar relation, overjet of the patient before the trauma?
The author's answer：We appreciate you taking the time to review our manuscript. Thank you for your comment. We did not know the molar relation, overjet of the patient before the trauma. The child was admitted to the emergency department because of a fall from a building. She was monitored in the pediatric intensive care unit and transferred to our department for treatment after he stabilized. Therefore, we did not have chance to judge the preoperative condition.

Line 90 96: Kindly use FDI notation for the teeth.
The author's answer：Thank you for your comment. We have carefully considered your comments and made the following revisions. We have revised the manuscript in line 91 by 16, 14, 24, 65 and 26 with highlight blue marked. We have revised the manuscript in line 97 by 12, 11, 21 and 22 with highlight blue marked. We have revised the manuscript in line 98 by 16 and 26 with highlight blue marked.

Line 87: What was the mouth opening when the twin block appliance was fabricated?
The author's answer：Thank you for your comment. This is an important point, and we have revised the manuscript to reflect this in line 80 with highlight blue marked in revised manuscript. We hope that the revisions address your concerns.

Line 97: Kindly clarify why was headgear used in this case? Headgears are usually used to restrict the growth of maxilla in young patients.
Tüfekçi E, Allen SB, Best AM, Lindauer SJ. Current trends in headgear use for the treatment of Class II malocclusions. The Angle Orthodontist. 2016;86(4):584-9.
The author's answer：Thank you for your comment. We acknowledge the valuable feedback provided in your review. We have cited the suggested reference. Postoperative treatment of mandibular fractures requires interocclusal fixation for 1-2 weeks. Because this case is a child in the period of tooth replacement, conventional fixation cannot be performed to avoid tooth germ damage, so a headgear is used for interocclusal fixation. The reference you attached is used for correction of jaw deformity. In our case, TBA was used as another form of occlusal pad. We hope that the explains address your concerns.

Line 133: Was an occlusal pad used in this case? Clarify was it before or after the twin block therapy.
The author's answer：Thank you for your comment. In this case, we use twin block as occlusal pad. This allows for better control of the occlusion and position of the mandible bone. We hope that the explains address your concerns.

Line 154: "Higher cost" is not a limitation of the twin block as it is comparatively cheaper in most part of the world.
The author's answer：Thank you for your comment. This is an important point, in response to your suggestion, we have deleted the "Higher cost" in the revised manuscript with highlight blue marked.

Kindly mention the amount of overjet correction achieved with twin block.
The author's answer：Thank you for your kindly mention. This is where we should focus our attention. After treatment, the occlusal relationship was satisfactory, with significant improvements in deep overbite and deep overjet. Because the child's teeth are in the period of tooth replacement, the child eats normally in the later follow-up period and achieves ideal oral function.

Kindly mention if any retention appliance was given after the functional appliance therapy.
The author's answer：Thank you for your kindly mention. There is no retention appliance was given after the functional appliance therapy. The child is in the period of tooth replacement, the mandible bone is also growing and changing a lot, and because of the previous severe trauma, the parents are very satisfied with the current treatment effect and does not require subsequent precision treatment. We hope that the explains address your concerns.

Reference 14, 15, 16, 20 seem inappropriate. Kindly recheck the articles.
The author's answer：Thank you for your kindly mention. Considering the Reviewer's suggestion, we have replaced inappropriate references in the revised manuscript with highlight blue

marked. Delete No.14, change No.15, No.16 and No. 20.

We trust that the revisions we have made adequately address the reviewers' concerns and strengthen the scientific rigor and clinical relevance of our manuscript. We are grateful for the time and effort that you and the reviewers have invested in improving our work, and we hope that the revised version now meets with your approval.
Thank you once again for your thoughtful consideration.

Sincerely,
Lijun Fang
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1. Response to reviewers.pdf PDF

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