



REVIEWER'S REPORT

Manuscript No.: JNHM-061

Title: ORAL HABITS AND DENTAL OCCLUSION DISORDERS IN SCHOOLCHILDREN IN NORTHEASTERN MEXICO

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revision ...**YES**.....

Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality		√		
Techn. Quality		√		
Clarity			√	
Significance		√		

Reviewer Name: PROF. DR DILLIP KUMAR MOHAPATRA

Detailed Reviewer's Report

Manuscript Title

Oral Habits and Dental Occlusion Disorders in Schoolchildren in Northeastern Mexico

Overall Assessment

The manuscript presents a cross-sectional evaluation of the association between non-functional oral habits and molar occlusion patterns in schoolchildren from the Monterrey Metropolitan Area. The topic is relevant to pediatric dentistry and preventive orthodontics, particularly within a Latin American population. The study contributes regional epidemiological data; however, methodological and analytical limitations reduce the strength of the conclusions. Major revision is recommended before consideration for publication.

1. Strengths

Relevant and clinically important topic

The relationship between oral habits and malocclusion in children is a well-recognized public health issue, and early identification is essential for preventive orthodontic care.

Regional epidemiological contribution

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Data from northeastern Mexico are limited in the literature; therefore, this study adds useful regional information, particularly regarding the higher prevalence of molar Class III.

Adequate sample size for a descriptive study

Inclusion of 150 schoolchildren aged 6–12 years provides a reasonable basis for prevalence estimates in a cross-sectional design.

Use of standard occlusal classification

Molar relationship was assessed using Angle's classification, which allows comparison with existing international studies.

Ethical considerations addressed

The manuscript clearly states ethics committee approval, informed consent, and participant confidentiality.

2. Weaknesses

Study design limitations

The retrospective, cross-sectional design does not allow causal inference between oral habits and malocclusion, yet some conclusions imply directional associations.

Inconsistency between results and conclusions

Several associations reported as “statistically significant” or emphasized in the conclusion are actually marginal or non-significant (e.g., $p = 0.085$ for atypical swallowing and Class III).

Reliance on parental questionnaires

Oral habits were assessed through parent-reported questionnaires, which are subject to recall and reporting bias. Objective or clinical validation is lacking.

Insufficient statistical detail

The manuscript does not clearly describe the statistical tests used, confidence intervals, or effect sizes. Tables are referenced but not adequately summarized or interpreted.

Overinterpretation of non-significant findings

Trends without statistical significance are discussed extensively and used to support hypotheses, which weakens scientific rigor.

Language and structural issues

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Grammatical errors, repetition, and inconsistencies in percentages and phrasing reduce clarity and readability.

The discussion section occasionally reiterates results instead of critically interpreting them.

3. Significance of the Study

The study is **moderately significant** in the context of pediatric oral health and preventive dentistry, particularly for **Latin American populations** where Class III malocclusion may be more prevalent.

Its main value lies in highlighting the **possible functional adaptation (atypical swallowing)** associated with sagittal discrepancies rather than demonstrating a strong causal role of oral habits.

With improved statistical rigor and clearer interpretation, the study could inform **early screening strategies** and **interdisciplinary management** involving pediatric dentists, orthodontists, and speech therapists.

4. Key Points

Molar Class I occlusion was the most prevalent pattern among schoolchildren in northeastern Mexico.

Molar Class III showed a relatively higher prevalence compared to global reports, possibly reflecting ethnic or genetic factors.

Thumb sucking and lip sucking were common but did not show a statistically significant association with molar occlusion.

Atypical swallowing showed a **marginal association** with molar Class III, suggesting a potential functional adaptation rather than a direct etiological factor.

Early identification of persistent oral habits and functional disturbances remains important, particularly in children with sagittal discrepancies.

Final Recommendation

Major Revision Required

The manuscript has clinical relevance and regional importance, but substantial improvements are needed in statistical analysis, interpretation of results, language clarity, and alignment between findings and conclusions before it can be considered for publication.

WHY MAJOR REVISION IS REQUIRED

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TITLE

Lines 1–2

“ORAL HABITS AND DENTAL OCCLUSION DISORDERS IN SCHOOLCHILDREN IN NORTHEASTERN MEXICO”

Issue:

The title implies a **causal relationship** between oral habits and occlusion disorders.

Why major revision:

The study design is **cross-sectional and retrospective**, which **cannot establish causality**.

Editors require titles to reflect study design accurately.

Correction needed:

Change to:

“Association between Oral Habits and Dental Occlusion Patterns in Schoolchildren in Northeastern Mexico”

ABSTRACT

Lines 21–23

“with a statistically significant association between atypical swallowing and Class III”

Issue:

The reported p-value for this association is **p = 0.085**, which is **NOT statistically significant** by conventional standards ($p < 0.05$).

Why major revision:

Claiming statistical significance when it does not exist is a **serious scientific error**.

This alone is sufficient reason for **major revision or rejection**.

Correction needed:

Replace with:

“a marginal, non-significant trend toward association between atypical swallowing and Class III”

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INTRODUCTION

Lines 44–47

“When a habit persists beyond the age of three or four... it causes an alteration...”

Issue:

Strong **causal wording** (“causes”) is used without longitudinal evidence.

Why major revision:

Your study does **not measure duration, intensity, or chronology** of habits.

Reviewers consider this **overstatement of evidence**.

Correction needed:

Use cautious language such as:

“may contribute to” or “has been associated with”.

OBJECTIVE

Lines 49–52

Issue:

Objective is **broad and descriptive**, but conclusions later imply **risk and prediction**.

Why major revision:

There is **misalignment between objective, methods, and conclusions**.

Editors require strict consistency.

Correction needed:

Clarify objective as **descriptive/associative only**.

MATERIALS AND METHODS

Lines 56–58

“Descriptive, observational, retrospective, and cross-sectional study”

Issue:

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Retrospective + questionnaire-based data introduces **recall bias**.

No validation method for parent-reported habits is described.

Why major revision:

Lack of bias control affects **internal validity**.

Must be acknowledged explicitly.

Correction needed:

Add limitations subsection and clarify questionnaire validation.

Lines 59–64 (Ethics)

No major issue – this section is adequate.

RESULTS

Lines 81–84

“The habit of thumb sucking is not a determining factor.”

Issue:

The term “**determining factor**” implies causality.

Why major revision:

Your statistical analysis shows **no significant association**, not determination.

This wording is scientifically incorrect.

Correction needed:

Change to:

“was not significantly associated”.

Lines 92–94

“suggesting the need for studies with greater statistical power”

Issue:

This is **interpretation**, not results.

Why major revision:

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Mixing results with discussion violates journal structure.

Editors are strict about section boundaries.

Correction needed:

Move interpretation to Discussion.

Lines 96–102

$p = 0.085$ repeatedly discussed as meaningful

Issue:

$p = 0.085$ is **not significant**.

Results emphasize “tendencies” without correction for multiple testing.

Why major revision:

Inflating weak associations is a **methodological red flag**.

Editors often request re-analysis or toned-down interpretation.

DISCUSSION

Lines 105–110

Comparison with international studies

Issue:

Differences are attributed to habits, but **genetic and skeletal factors were not measured**.

Why major revision:

Unsupported explanations weaken scientific credibility.

Correction needed:

Explicitly state these are **hypotheses**, not findings.

Lines 115–121

“Marginal association ($p = 0.085$)...”

Issue:

The manuscript repeatedly treats marginal p-values as meaningful.

Why major revision:

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Journals discourage “p-value fishing”.

Needs statistical humility and reframing.

Lines 123–126

“There is a significant marginal difference...”

Issue:

Contradictory terminology: something cannot be both significant and marginal.

Why major revision:

Indicates misunderstanding of statistical reporting.

Correction needed:

Choose one term → preferably “**non-significant trend**”.

CONCLUSION

Lines 137–139

“Molar Class III presents a higher risk...”

Issue:

The word “**risk**” implies prediction and causality.

Why major revision:

Cross-sectional studies **cannot assess risk**.

Editors consider this a **serious overreach**.

Correction needed:

Replace with:

“was more frequently observed”.

Lines 139–143

“reinforce the importance of early detection...”

Minor issue, but acceptable

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Needs to be framed as **clinical implication**, not proof.

REFERENCES

Generally current and relevant, but:

Some references do not directly support the exact claims made.

Needs tighter citation–claim matching.

FINAL EDITORIAL VERDICT

Why MAJOR revision (not minor):

Incorrect claims of statistical significance

Repeated causal language in a non-causal design

Over interpretation of marginal p-values

Misalignment between objective, results, and conclusions

Structural issues (results vs discussion mixing)

Language precision problems affecting scientific validity

These are **core scientific issues**, not cosmetic ones → therefore **MAJOR REVISION**.