

REVIEWER'S REPORT

Manuscript No.: IJAR-57258

Title: Surgical Lip Repositioning as a Conservative Approach for the Correction of Excessive Gingival Display: A Report of 2 cases

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revisionYES

Do not accept (*Reasons below*)

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

Reviewer's ID: JPR-094

Detailed Reviewer's Report

Reviewer's Report

☐ 1. Strengths

* The manuscript addresses a **clinically relevant esthetic problem** (excessive gingival display/gummy smile), which is common in periodontal practice.

* Presents **two cases with different etiologies** (altered passive eruption vs hyperactive lip), improving clinical applicability.

* Demonstrates a **conservative surgical approach**, which is important for patients unwilling to undergo orthognathic surgery.

* Inclusion of **stepwise surgical procedure** enhances reproducibility for clinicians.

* **Follow-up up to 6 months** shows short-term stability of outcomes.

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* Use of **modified (frenum-preserving) technique** adds some practical variation.

2. Weaknesses

Major Issues

* **Lack of novelty**: Lip repositioning is already well-documented; the manuscript does not clearly highlight what is new.

* **Small sample size (only 2 cases)** limits scientific strength.

* **No quantitative outcome analysis**:

* **Gingival display reduction is not statistically or objectively measured (only descriptive).**

* **Short follow-up duration (6 months)**:

* **Long-term relapse is a known issue but not addressed.**

* **Absence of standardized outcome measures**:

* **No patient satisfaction scale, esthetic index, or photographic analysis.**

Methodological Concerns

* **No mention of:**

* **Ethical approval / Institutional Review Board (IRB) clearance**

* **Written informed consent (explicit statement required)**

* **Case selection criteria are not clearly defined.**

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* Lack of **control or comparison** with other treatment modalities (e.g., Botox, orthognathic surgery).

Presentation Issues

* Multiple **formatting errors** (spacing, figure placement, captions merged with text).

* **Typographical errors** (e.g., "ABSTRACT", spacing inconsistencies).

* **Duplicate references** (Ref 8 and 9 same).

* Figures are **not properly labeled or standardized**.

* Some sentences lack clarity and require **language editing**.

3. Key Points

* Lip repositioning can be an effective **minimally invasive alternative** for selected EGD cases.

* Proper **case selection based on etiology** is critical.

* Combination therapy (crown lengthening + lip repositioning) may improve outcomes.

* Modified techniques (frenum preservation) may enhance **esthetic symmetry and reduce morbidity**.

* Short-term results are promising, but **long-term stability remains uncertain**.

4. Significance

* **Clinical significance:** Moderate

Useful for general dentists and periodontists seeking conservative options.

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*** **Scientific significance:** Low to Moderate**

Due to:

- * Small sample size**
- * Lack of novelty**
- * Absence of quantitative analysis**

*** **Educational value:** Good**

Helpful for teaching surgical steps and case-based learning.

5. Recommendations for Improvement

Major Revisions Required

1. Clearly define **novelty (e.g., technique modification, case selection rationale).**

2. Add **objective measurements:**

*** Pre- and post-operative gingival display (mm)**

*** Standardized photographic analysis**

3. Include **patient-reported outcomes (esthetic satisfaction).**

4. Extend discussion on:

*** **Relapse rates****

*** Comparison with existing literature**

5. Provide **ethical statement and consent declaration.**

6. Correct all **formatting, grammar, and reference errors.**

Minor Revisions

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- * Correct spelling ("ABSTRACT").
- * Improve figure quality and labeling.
- * Remove duplicate references.
- * Standardize referencing style.

6. Final Recommendation

****Decision: MAJOR REVISION****

****Reason:****

While the manuscript is clinically relevant and well-structured, it lacks novelty, quantitative analysis, and methodological rigor required for publication in a standard peer-reviewed journal.

Reviewer Comments – Major Revision (Line-by-Line Justification)

Overall Decision: **MAJOR REVISION REQUIRED**

****General Justification:****

The manuscript is clinically relevant but suffers from ****lack of novelty, inadequate methodological rigor, absence of quantitative analysis, ethical omissions, and multiple formatting/language errors****. These issues significantly limit its suitability for publication in its current form.

Line-by-Line Issues

Title Section (Lines 5–6)

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*** **Issue:** Missing space and formatting error (“article“Surgical...”).**

*** **Concern:** Poor presentation reduces professionalism.**

*** **Suggestion:** Correct formatting and consider making the title more specific (e.g., highlight “modified technique” or “combined approach”).**

Abstract (Lines 10–27)

Line 10

*** **Issue:** Typographical error (“ABSTRACT” instead of ABSTRACT).**

*** **Impact:** Basic error; unacceptable in submission.**

Lines 15–19

*** **Issue:** Case description is purely narrative.**

*** **Concern:** No ****quantitative data**** (e.g., exact reduction in gingival display in mm).**

*** **Suggestion:** Add measurable outcomes.**

Lines 20–22

*** **Issue:** Terms like “significant reduction” are used.**

*** **Concern:** No statistical or objective validation.**

*** **Suggestion:** Replace with actual measured values.**

Line 23–25

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- * **Issue:** Overgeneralized conclusion.
- * **Concern:** Case reports cannot establish “predictability” strongly.
- * **Suggestion:** Tone down to “may be effective”.

Introduction (Lines 30–72)

Lines 35–40

- * **Issue:** Inconsistent thresholds (1.5–2 mm vs 3 mm).
- * **Concern:** Scientific inconsistency.
- * **Suggestion:** Clarify standard definition with references.

Lines 42–49

- * **Issue:** Good etiological description but **no clear research gap**.
- * **Concern:** Lack of novelty justification.
- * **Suggestion:** Add “why this case report is needed”.

Line 52

- * **Issue:** Figure 1 mentioned but not properly formatted.
- * **Concern:** Figure integration is poor.

Lines 58–67

- * **Issue:** Literature review is descriptive.
- * **Concern:** Missing **critical analysis** (advantages vs limitations of lip repositioning).

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*** **Suggestion:** Add comparison with alternatives (Botox, orthognathic surgery).**

Materials and Methods / Case 1 (Lines 73–95)

Lines 81–82

*** **Issue:** Gingival display mentioned (6 mm).**

*** **Concern:** No standardized measurement method described.**

*** **Suggestion:** Add measurement protocol (photographic or clinical standardization).**

Lines 83–84

*** **Issue:** Diagnosis includes multiple factors (VME + hypermobility).**

*** **Concern:** Diagnostic criteria not clearly justified.**

*** **Suggestion:** Add classification system reference clearly.**

Line 88–90

*** **Issue:** Consent mentioned but:**

*** **Concern:** No ****ethical approval statement (IRB)****.**

*** **Major Issue:** Mandatory for publication.**

*** **Suggestion:** Add ethics approval number and statement.**

Figures (Lines 96–105)

*** **Issue:** Figure captions merged and unclear.**

*** **Concern:** Poor readability and presentation.**

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*** **Suggestion:** Separate images, label properly (A, B, C...).**

Case 2 (Lines 108–122)

Lines 111–113

*** **Issue:** Lip length measurement given.**

*** **Concern:** No reference for normal values or significance.**

*** **Suggestion:** Add justification.**

Line 116–117

*** **Issue:** Patient refused orthognathic surgery.**

*** **Concern:** No discussion on alternative options (Botox etc.).**

*** **Suggestion:** Briefly mention alternatives.**

Surgical Procedure (Lines 128–158)

Lines 141–145

*** **Issue:** Postoperative medications described.**

*** **Concern:** No dosage/duration clearly standardized.**

*** **Suggestion:** Add exact regimen.**

Lines 146–158

*** **Issue:** Modified technique described.**

*** **Concern:** Novelty not clearly emphasized.**

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*** **Suggestion:** Explicitly state what is new vs existing technique.**

Results (Lines 159–163)

*** **Major Issue:****

*** No **quantitative comparison (pre vs post mm reduction)****

*** No **photographic analysis scale****

*** **Concern:** Weak scientific validity.**

*** **Suggestion:****

*** Add table with measurements**

*** Include % reduction**

Discussion (Lines 164–219)

Lines 169–171

*** **Issue:** Prevalence mentioned.**

*** **Concern:** Not linked to study findings.**

Lines 172–182

*** **Issue:** Classification explained well.**

*** **Concern:** Not directly correlated to your cases analytically.**

Lines 195–199

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*** **Issue:** Surgical guidelines mentioned.**

*** **Concern:** No comparison with your outcomes.**

Lines 213–219

*** **Issue:** Complications discussed.**

*** **Concern:** No critical comparison with literature relapse rates.**

*** **Major Missing:****

*** No discussion on **long-term relapse****

*** No **limitations section****

Conclusion (Lines 220–224)

*** **Issue:** Strong claims (“predictable option”).**

*** **Concern:** Overstatement for 2 cases.**

*** **Suggestion:** Modify to cautious conclusion.**

Ethical & Declarations Section

Missing:

*** ☐ Ethical committee approval**

*** ☐ Patient consent statement (formal)**

*** ☐ Patient anonymity statement**

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****This alone can lead to rejection****

References (Lines 233–276)

Issues:

*** Duplicate references (8 & 9)**

*** Formatting inconsistency**

*** Some references outdated**

****Suggestion:****

*** Remove duplicates**

*** Add recent (last 5 years) studies**

*** Follow journal style strictly**

Summary of Major Issues

 Category	 Problem	
 -----	 -----	
 Scientific	 No quantitative data, no novelty	
 Methodology	 No ethics approval, weak design	
 Presentation	 Formatting, grammar, figures	
 Literature	 No critical analysis	
 Conclusion	 Overgeneralized claims	

Final Recommendation

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****MAJOR REVISION REQUIRED****

Reason:

The manuscript has ****potential****, but requires:

*** Methodological strengthening**

*** Ethical compliance**

*** Data quantification**

*** Language and formatting correction**

before it can be considered for publication.