

REVIEWER'S REPORT

Manuscript No.: IJAR-58367

Title: INCIDENTAL DETECTION OF A RETROMOLAR CANAL ON CONE-BEAM COMPUTED TOMOGRAPHY: A CASE REPORT,

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's ID: JPR-094

Detailed Reviewer's Report

Reviewer's Report

Overall Assessment

This manuscript presents a case report describing the incidental detection of a retromolar canal in a 36-year-old male patient using cone-beam computed tomography (CBCT). The topic is clinically relevant because anatomical variations of the mandibular canal may influence oral surgical procedures. However, the manuscript offers limited novelty and requires substantial improvements in scientific presentation, discussion, literature support, and image documentation before it can be considered for publication.

Strengths

- 1. The manuscript addresses a clinically relevant anatomical variation that may affect oral and maxillofacial surgical procedures.*
- 2. The clinical case is clearly described with appropriate patient history and imaging findings.*
- 3. The manuscript highlights the superiority of CBCT over panoramic radiography for identifying mandibular canal variations.*
- 4. The discussion adequately explains the potential surgical complications associated with retromolar canals.*

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5. The conclusion is consistent with the presented clinical findings.

Weaknesses

- 1. ****Limited novelty:**** Numerous case reports and review articles describing retromolar canals detected on CBCT have already been published.*
- 2. ****Insufficient literature review:**** Recent systematic reviews and prevalence studies are not adequately discussed.*
- 3. ****Image quality:**** Only one CBCT image is presented. Additional axial, coronal, sagittal, and 3D reconstructed images would significantly improve the manuscript.*
- 4. ****Lack of measurements:**** The diameter, length, location, and relationship of the retromolar canal to surrounding anatomical landmarks are not reported.*
- 5. ****Clinical management:**** The manuscript does not describe whether the incidental finding altered the surgical plan or patient management.*
- 6. ****References:**** Several statements require updated citations from the last five years.*
- 7. ****Language:**** Minor grammatical and formatting errors are present throughout the manuscript.*
- 8. ****Ethics:**** There is no explicit statement regarding patient consent or institutional ethical approval, which is generally recommended for case reports.*

Key Points

- * The case demonstrates incidental detection of a retromolar canal using CBCT during preoperative assessment.*
- * CBCT remains the preferred imaging modality for identifying mandibular canal variations.*
- * Recognition of retromolar canals is important to minimize bleeding, paresthesia, and inadequate local anesthesia during oral surgical procedures.*
- * The manuscript primarily serves as an educational reminder rather than introducing a novel clinical finding.*

Significance

*****Scientific significance:**** Moderate*

*****Clinical significance:**** Moderate to High*

The report reinforces awareness of anatomical variations that may influence oral surgery. However, because similar cases are already well documented, the manuscript

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contributes limited new scientific knowledge. Its principal value lies in clinical education rather than originality.

Recommendation

****Decision: Major Revision****

Justification

Although the manuscript is clinically relevant and well organized, it lacks sufficient originality for publication in its current form. Major revisions are required to improve the literature review, enhance image presentation, include detailed anatomical measurements, describe the clinical impact of the finding, provide ethical statements, and strengthen the discussion by comparing the case with previously published reports.

| Overall Recommendation | ****Major Revision**** |

Reviewer's Justification for Major Revision (Line-by-Line Issues and Reasons)

Recommendation: Major Revision

Overall Justification:

The manuscript presents a clinically relevant CBCT case report; however, its scientific novelty is limited, several essential reporting elements are missing, and the discussion is insufficiently supported by current literature. These deficiencies affect the manuscript's originality, completeness, and publication quality.

Line No.	Section	Issue Identified	Reason for Major Revision
5–14	Abstract	Abstract does not clearly state the novelty of the case.	The manuscript should explain why this case differs from previously published retromolar canal case reports.
5–14	Abstract	No information on patient outcome or clinical impact.	Readers should understand whether the incidental finding changed treatment planning.
23–43	Introduction	Literature review is brief and lacks recent (2020–2026) references.	Current evidence and systematic reviews should be included to establish the importance of the case.
23–43	Introduction	Research gap is not clearly identified.	The introduction should explain what new knowledge this report contributes beyond existing

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Line No.	Section	Issue Identified	Reason for Major Revision
			literature.
45–75	Case Presentation	Clinical history is incomplete.	Information such as dental history, previous surgeries, and relevant risk factors should be included.
66–75	CBCT Evaluation	Only technical parameters are provided.	Important anatomical measurements (diameter, length, distance from landmarks, canal classification) are missing.
76	Figure 1	Only one CBCT image is presented.	Multiple CBCT views (axial, coronal, sagittal, and 3D reconstruction) are expected in a radiology case report.
78–116	Discussion	Discussion is mainly descriptive.	The findings should be critically compared with previously published prevalence studies and case reports.
97–115	Discussion	Wide prevalence range (0.08–69%) is reported without explanation.	Variability should be explained by differences in imaging techniques, ethnicity, and classification systems.
109–115	Discussion	Clinical implications are mentioned but not linked to this patient.	The authors should explain whether the finding influenced surgical planning or management.
117–123	Conclusion	Conclusion repeats known information.	The conclusion should emphasize the unique contribution of the present case rather than general knowledge.
Whole manuscript	Ethical considerations	No statement regarding informed patient consent or ethics approval.	Most journals require patient consent for publication of case reports.
Whole manuscript	References	Reference list appears limited and outdated.	More recent literature (2020–2026) should be incorporated.
Whole manuscript	Language	Minor grammatical, punctuation, capitalization, and formatting errors.	Professional English editing is required to improve readability.
Whole	Originality	The case represents a	Additional clinical details and

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Line No.	Section	Issue Identified	Reason for Major Revision
manuscript		commonly reported anatomical variation detected by CBCT.	stronger discussion are required to demonstrate publishable novelty.

Overall Reason for Major Revision

Limited originality—similar CBCT case reports on retromolar canals have already been published.

Insufficient literature review and inadequate comparison with recent evidence.

Missing anatomical measurements and detailed radiographic characterization.

Insufficient imaging documentation (only one figure).

No explanation of the clinical impact on patient management.

Missing ethical/patient consent statement.

Language and formatting require improvement.

Discussion and conclusion need substantial strengthening to highlight the significance of the case.

Final Editorial Recommendation

Decision: Major Revision

Reason: Although the manuscript presents a clinically relevant incidental CBCT finding, it lacks sufficient novelty, detailed radiographic analysis, comprehensive literature comparison, and adequate discussion of clinical implications. These issues require substantial revision before the manuscript can be considered for publication.