

Review of: "Bisphosphonate-Related Osteonecrosis of the Jaws Treated with Platelet-Rich Plasma: Preliminary Results from a Case Series"

Danilo De Rinaldis¹

¹ University of Messina

Potential competing interests: No potential competing interests to declare.

Dear Editors,

After careful reading of the manuscript, unfortunately, I have to express a negative opinion on the publishing of the work because it doesn't satisfy the scientific validity of the regenerative techniques for oral surgery. Especially, the absence of histological investigations that should demonstrate the re-vascularization of the mucosa overlying the osteonecrotic tissue must be contested. In fact, the only clinical finding of the re-epithelialization doesn't ensure that the mucosa isn't avascular, condition that would frame the stage 0 of pathology.

In addition, other critical issues, listed below, were found:

1. The authors don't report the specific BPs assumed by the patients, nor the time of exposure to the drug, nor the primitive pathology (osteoporosis/solid neoplasm/multiple myeloma).
2. The disease stages are not reported; at most, they can be inferred imprecisely from the presence of pain/exposed bone/pus.
3. It would be useful to attach one/two exemplifying clinical cases, with pre, intra and post-operative photos.
4. The biomaterial preparation procedure should be more detailed so that it is easily reproducible.
5. The authors should better describe the various surgical procedures used; e.g. from what has been reported it is not clear whether the wounds were healed by first, second or third intention; furthermore it is not clear whether the osteonecrotic tissue was treated only with curettage or if an ostectomy was performed.
6. Certainly a follow-up period of 48-50 months can be considered sufficient, however the therapeutic success should be confirmed by the presence of radiological images, possibly with two or three exemplary conventional CT scans to be attached to the manuscript.