

Review of: "Surgical treatment of MRONJ in oncology and non-oncology patients: a retrospective study"

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Potential competing interests: No potential competing interests to declare.

Title & Abstract Evaluation: The title accurately reflects the content of the article, focusing on the surgical treatment of MRONJ in both oncology and non-oncology patients. The abstract provides a concise summary of the study's objectives, methods, and key findings. However, it could be improved by including more details on the statistical methods used and a brief mention of the study's limitations.

Introduction: The introduction provides a clear background on MRONJ, its causes, and the lack of uniform therapeutic guidelines. It appropriately highlights the need for the study. However, it would benefit from a more detailed discussion of previous studies in the field and how this study aims to address specific gaps in the literature.

Aims: The study's aims are well-defined, focusing on evaluating surgical outcomes for MRONJ in stage II-III patients and comparing results between oncology and non-oncology cohorts. The dual objectives are appropriate and add value to the study.

Materials and Methods: The methods section is well-structured, describing the patient cohort, surgical procedures, and statistical analysis clearly. However, more detail on the inclusion and exclusion criteria for patient selection would enhance the study's reproducibility. Additionally, a more in-depth explanation of the Kaplan-Meier algorithm and log-rank test used in the analysis would benefit readers who may not be familiar with these statistical methods.

Results: The results are presented clearly, with a significant difference in cure rates between oncology (93%) and non-oncology patients (59.4%). The use of Kaplan-Meier survival curves and the log-rank test is appropriate for comparing outcomes. However, the study would benefit from a more detailed discussion of the potential reasons for the disparity in outcomes between the two cohorts.

Discussion: The discussion appropriately interprets the findings, emphasizing the impact of the underlying pathology on surgical outcomes. However, it could be strengthened by exploring alternative explanations for the results and discussing potential confounders or biases. Additionally, the study's limitations, particularly its retrospective nature and the relatively small sample size, should be more thoroughly addressed.

Conclusions: The conclusions are supported by the data presented. The authors correctly highlight the importance of considering the underlying pathology when planning surgical treatment for MRONJ. However, a more explicit statement on the clinical implications of the findings and suggestions for future research would be beneficial.

Overall Evaluation: The study provides valuable insights into the surgical treatment of MRONJ, with a clear focus on the differences between oncology and non-oncology patients. The findings are significant and contribute to the existing literature on MRONJ management. However, the manuscript would benefit from a more thorough discussion of the study's limitations and the potential implications of the results. Additionally, some sections could be expanded to provide more detail, particularly regarding the statistical methods used and the discussion of alternative explanations for the results.

Recommendation: I recommend this article for publication after minor revisions, particularly to enhance the discussion and address the study's limitations more comprehensively.