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

Beatriz Fernandes[1]

1 Pontificia Universidade Católica do Paraná

Potential competing interests: No potential competing interests to declare.

The work has clinical relevance, and particularly, I believe that platelet-rich plasma has great potential in many applications. I would like to make some remarks that may enrich the article's presentation.

I missed a control group with conventional treatment that corroborated the excellent results of BPFC. In order not to need to repeat the work, this control group could be inserted based on medical records.

I understand that a gel was prepared from the plasma (F1 and F2) by incubation at 37°C for 20 min. However, it is mentioned that a fibrin membrane covered the gels at the surgery site. How was this membrane obtained?

The B.P.F.C. Bio-Plasma® Rich in Pure Growth Factors® has a trade mark indicating a commercial product. From what I understood from the article, the BPFC was produced by centrifugation of the autologous blood. Why the trademark? What centrifugation speed was used?

The discussion could be richer by comparing the results with the control group.

How the platelet-rich plasma was separated from the platelet-poor plasma? Visually only?

The author indicates that he has 100% success with applying BPFC. Could he explain to the readers what he considers success concerning the results of the intervention?

In the results, the author mentions that ..."all 75 BRONJ patients were treated successfully", but only 35 patients were treated, right?

Regarding the figures, the figures 5 (Centrifuge B.P.F.C. Bio-Plasma®), 6 (Centrifuge Rotor), and 8 (Pipette for Fractionation) are unnecessary.

The figure 15 shows Rich Plasma with Biomaterial (G.B.R.) with Poor Plasma (G.T.R.). What biomaterial was used? Was the biomaterial immersed in plasma before turning into a gel?

What are the acronyms G.B.R and G.T.R?