

Review of: "Prednisolone Induced Gingival Enlargement: A Rare Case Report"

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Potential competing interests: No potential competing interests to declare.

Dear authors,

I congratulate you on the presented case report. Your manuscript is relevant and innovative. In addition, the result was very interesting.

I elaborated some suggestions and highlighted some points that could be modified for clarity, as follows:

Abstract: I suggest replacing more general information like “Gingival overgrowth can be treated with a multiplicity of therapeutic options like gingivoplasty and/or gingivectomy by using a scalpel, or electrocautery. Other contemporary therapeutic options like lasers, and cryosurgery have gained prominence lately due to lesser post-operative complications. Amid various novel approaches, lasers demonstrated better healing and enhanced aesthetic outcomes, making lasers an ideal treatment option for gingivoplasty/gingivectomy in gingival hyperplasia cases” with information on the management of the case and what was observed in the histopathological analysis.

Keywords: I suggest consulting and replacing the terms used with MeSH Terms: replacing “Drug-induced gingival overgrowth” with gingival overgrowth and “Corticosteroids” with Adrenal Cortex Hormones.

Introduction

Paragraph 1, line 3: Replacing “Gingival enlargement associated with systemic disease” with gingival enlargement associated with systemic disease.”

Paragraph 2, line 3: Replacing “poor oral hygiene, and genetic predisposition,[2] Drugs associated with gingival hyperplasia are...” with “poor oral hygiene, and genetic predisposition,[2] drugs associated with gingival hyperplasia are...”

I suggest mentioning in one line the approaches to treating DGIO.

Objective: In a case report, it is very important, in addition to presenting the clinical case, to demonstrate successful treatment approaches, as presented in the manuscript. I suggest valuing the treatment in the objective. Suggestion: This case report illustrates a rare case of prednisolone-induced gingival overgrowth in patients with reactive arthritis, presenting histopathological features and the management of the case.

Case report

I suggest describing what was observed (gingival characteristics) at each of the follow-up moments (1 week, 3 months, and 1 year).

Discussion

Paragraph 1: This information, if it does not refer to the reported case, needs to be referenced.

Paragraph 2: This information: “To overcome post-operative complications, lasers are the prime choice because of their known advantages like good healing, less post-operative pain, aesthetics, good contouring, and less scarring.”, needs to be referenced.

Paragraph 3: This information: “There are various applications of diode lasers in periodontics like ankyloglossia, vestibuloplasty, gingivoplasty/gingivectomy, frenectomy, pyogenic granuloma, crown lengthening, photobiomodulation (PBM), photodynamic therapy(PDT).”, needs to be referenced.

Question: With so many types of lasers and advantages, why did you choose to use the 810nm diode laser? Highlight the reason for choosing it for the case reported.

I suggest discussing the long-term success of the approach, which is an important point when it comes to gingival surgery.

Paragraph 4: This information: “Normal human gingival fibroblasts proliferate in response to cyclosporine-induced gingival hypertrophy. The increase of collagen observed in gingival overgrowth can be attributed to cyclosporine-induced suppression of collagenolytic activity inside the gingival tissues.”, needs to be referenced.

Paragraph 5 e 6: In order to improve the fluidity of reading, I suggest joining these two paragraphs.

Conclusion:

The excerpt “Prednisolone-induced gingival enlargement is a rare case. As per our search in databases like PUBMED, MEDLINE, etc., there seems to be no literature on prednisolone causing gingival overgrowth, and further research, case reports, and retrospective studies should be done on prednisolone-induced overgrowth to substantiate the diagnosis and get a better understanding of the mechanism and pathogenesis.” brings up strong points, such as the originality of the manuscript and a suggestion for future studies. I suggest bringing these points up at the end of the discussion.

In addition to the rarity of the case presented, the long-term success of laser surgical therapy should be addressed in the conclusion.

After these adjustments have been made, I recommend the article for publication.