



Comment on “Predicting risk factors for complications in jaw cyst treatment: insights from a retrospective study”

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To the Editor,

I recently have read the article titled “Predicting risk factors for complications in jaw cyst treatment: insights from a retrospective study,” by Kang et al.¹ which was published in your esteemed journal.

The study, which aimed to identify factors contributing to complications following jaw cyst treatment, offers valuable initial insights. However, further consideration of certain aspects could enhance the understanding and clinical application of their findings.

The authors should be commended for tackling this subject, as complications following jaw cyst treatment, while often manageable, can significantly impact patient morbidity and treatment outcomes. While the retrospective design provides a reasonable starting point, it inherently comes with limitations. Recall bias, incomplete documentation, and the potential for confounding variables not accounted for within the collected data can all influence the results². Moving forward, a prospective, multi-center study would provide a more robust and generalizable understanding of the risk factors. Furthermore, the article would benefit from a more detailed discussion of the surgical techniques employed. Were all cysts enucleated, marsupialized, or were there variations in the approach depending on cyst size, location, and proximity to vital structures? This information is critical as the chosen surgical technique itself may contribute significantly to the observed complication rates. For instance, more aggressive enucleation of large cysts located near the inferior alveolar

nerve could increase the risk of nerve damage, a complication that should be thoroughly analyzed in relation to the surgical approach³. Finally, the authors identify specific risk factors, such as cyst size and location, but a more detailed exploration of the interplay between these factors would be beneficial. For example, is a small cyst located near the mandibular canal inherently riskier than a larger cyst further away? Understanding these interactions can help clinicians more accurately assess risk on an individual patient basis.

Author’s Contributions

M.B. contributed to the design, data acquisition and analysis, and drafted the manuscript.

Funding

No funding to declare.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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How to cite this article: Bajpai M. Comment on “Predicting risk factors for complications in jaw cyst treatment: insights from a retrospective study”. *J Korean Assoc Oral Maxillofac Surg* 2025;51:187. <https://doi.org/10.5125/jkaoms.2025.51.3.187>