



## Response to the letter regarding factors contributing to complications following jaw cyst treatment

Yei-Jin Kang<sup>1</sup>, Ji-Hyeon Oh<sup>2</sup>

<sup>1</sup>Department of Dentistry, Yonsei University Wonju College of Medicine, Wonju,

<sup>2</sup>Department of Oral and Maxillofacial Surgery, College of Dentistry, Gangneung-Wonju National University, Gangneung, Korea

We appreciate the kind attention and comments regarding factors contributing to complications following jaw cyst treatment. We are grateful for this opportunity to address the concerns raised and clarify certain points.

We totally agree with the limitations which inherently comes with retrospective study, therefore, we included the cases with fully documented and did our best to control variables. There might be small lesion near the vital structure, however, the contact area would be also small<sup>1</sup>. As size increase, the possibility of vital-structure-proximity would also increase because there are multiple vital structures in the jaws. We checked the multicollinearity and there was low coefficient (under 0.2) and low variance inflation factor (under 1.1). As procedure should be modified by clinical situation such as proximity of vital structure, characteristics of lesion, we focused only on cyst enucleation excluding marsupialization, and mass resection by initial diagnosis. Prospective, multi-center study with ethical consideration of randomizing is necessary for further insights and clinical application<sup>2</sup>.

Within the limitations of our study, additional procedures contributed to a reduced risk of complications, except in cases with bone graft. The possible indication of preoperative root canal therapy (RCT) could be various, for example, negative vitality in anterior tooth, suspected or confirmed infiltrative lesion or root resorption<sup>3</sup>. However, as preoperative RCT result in loss of vitality of adjacent tooth, it could

be over treatment if it is performed without biopsy. In this reason, consultation for further evaluation in the principles of conservative dentistry could be essential.

### ORCID

Yei-Jin Kang, <https://orcid.org/0000-0002-6984-5234>

Ji-Hyeon Oh, <https://orcid.org/0000-0002-6050-7175>

### Authors' Contributions

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### Conflict of Interest

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

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#### Ji-Hyeon Oh

Department of Oral and Maxillofacial Surgery, College of Dentistry, Gangneung-Wonju National University, 7 Jukheon-gil, Gangneung 25457, Korea

TEL: +82-33-640-2761

E-mail: oms@gwnu.ac.kr

ORCID: <https://orcid.org/0000-0002-6050-7175>

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