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Re: re: Comparison of clinical outcomes of treatment of dysfunction of the temporomandibular joint between conventional and ultrasound-guided arthrocentesis

Sir,

We thank Şentürk and Gülşen for the critical evaluation of our recent paper, which we have read with due respect.^{1,2}

The conventional arthrocentesis technique can be used with either the single puncture, which is also called the concentric-needle technique, or the double-puncture technique. In our institution, we have abandoned the single puncture or concentric-needle technique because it is not as successful, and the double-puncture technique has a much more predictable outcome. To improve accuracy, we have started using ultrasound for guidance, so the study was done to evaluate the outcome of the double-puncture technique with and without ultrasound. This is the reason for the title we used. We have no argument regarding the method of classification as far as the study is concerned.

Conflict of interest

We have no conflicts of interest.

Ethics statement/confirmation of patient's permission

Not applicable.

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Re: Comparison of clinical outcomes of treatment of dysfunction of the temporomandibular joint between conventional and ultrasound-guided arthrocentesis

Sir,

We read with interest the article by Antony, et al.¹ To limit the complexities surrounding the concepts related to techniques of arthrocentesis of temporomandibular joint (TMJ), Şentürk and Cambazoğlu² classified them as either single-puncture or double-puncture arthrocentesis. Within this classification, the traditional or conventional procedure uses two cannulas inserted through two separate puncture sites.

Ultrasound-guided arthrocentesis is not a part of this classification, but could be used with the single or double puncture technique. Like cone-beam computed tomography, it can only be used as for guidance.^{3–5}

The authors did double-puncture arthrocentesis both with ultrasound and without, and called their methods the “ultrasound-guided technique” and “conventional technique”. We think that the title of the paper should therefore

be changed to “Evaluation of the effect of ultrasound guidance on conventional arthrocentesis in terms of the clinical outcomes of temporomandibular joint dysfunction”, as the current title does not fully reflect the text.

Ethics statement/confirmation of patient’s permission

Not applicable.

Conflict of interest

We have no conflicts of interest.

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Re: Squamous cell carcinoma of the tongue in a patient with dyskeratosis congenita: a rare entity

Sir,

We read the recent paper by Fatehi et al with great interest.¹ We do agree with them that dyskeratosis congenita is a rare

entity, but unfortunately, they failed to include a reference to our publication named “Dyskeratosis congenita: its connection with oral and maxillofacial surgery”² in which our patient not only presented with a squamous cell carcinoma (SCC) of the upper lip, but also SCC of the cutaneous malar skin.

Such patients always present with mucosal leukoplakia of the oral, nasopharyngeal, oesophageal, and rectal mucosa, and there is a high risk of malignant transformation. There are two significant references for that, Davidson et al,³ and Sirinavin et al.⁴

Our patient, although showing pre-malignant changes in the dorsal leukoplakia, later developed SCC of the tongue and retromolar triangle and passed away two years later as a result of metastases in the lungs.

Genetic counselling, close monitoring, and advice against the continuation of social habits such as smoking and drinking alcohol are essential for this unfortunate group of patients.

We trust this is a helpful comment to add to the existing knowledge of the subject.

Conflict of interest

We have no conflicts of interest.

Ethics statement/confirmation of patients’ permission

None needed.

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