

## Peer Review File

Article information: <http://dx.doi.org/10.21037/fomm-21-8>

Reviewer A: This is a nice piece of comprehensive review of IAN and LN injury and management. I enjoy reading it and have no additional comment. I am happy to recommend acceptance of this manuscript.

*Reply: The authors gladly appreciate these encouraging comments.*

Reviewer B: Congratulations on a very well written paper. One error I picked up on -P14, Line 399 - "Clinically, LN injury may cause loss of sensation to the ipsilateral anterior tongue and lingual." I presume you may have meant "Clinically, LN injury may cause loss of sensation to the ipsilateral anterior tongue and lingual MUCOPERIOSTEUM."

*Reply: The authors thank the reviewer for picking up this error. The appropriate correction is made in the revised manuscript on Page 15, Line 414. A few other missing words were also added to some sentences through the text to make them sound more understandable (for example page 7 Line 177).*

Reviewer C: This review article is too long at over 6000 words and is very generalised in its approach. This needs to be rewritten in a more specific manner to lingual and inferior alveolar nerve injuries. Techniques to avoid it and management of this specific instances, will have to be explained in greater detail. I wish you all the best.

*Reply: The main manuscript's text itself consists of only 5907 words, which the authors believe is within the limits set for a review article for this journal (6000 words). The text has been re-evaluated for any repetitive information or unnecessary wording, but the authors believe the whole text looks pretty concise, including all significantly beneficial data. It'd be unfair to try to shorten this text unless 6000 words limit is crucially mandatory.*

*The authors have indeed purposely written this review in a generalized manner in its approach as it is a narrative review and the authors aimed to review not only the management protocols of lingual (LN) and inferior alveolar nerve (IAN) injuries, but also the entire course from diagnosis to management (hence the title), including functional assessment methods, factors influencing recovery, and the future trends in IAN and LN nerve repairs. The techniques to avoid nerve injuries was not within the scope of this manuscript but may very well be handled as a separate paper for future reference. Rather, the authors have aimed to present more detailed information on timing of the microneurosurgical repair and available nerve graft options for achieving superior outcomes in present and for future trends, specifically for IAN and LN injury cases. The management of these specific instances are also indeed evaluated as extensively as possible in this review paper.*

Reviewer D: The authors presented an interesting paper on Inferior Alveolar and Lingual Nerve Injuries: A Clinical Review of Diagnosis and Management. The author's work with

scientific evidence(s) is/are also based on clinical designs, sample sizes, clinical observations, and statistical research findings. Would the author(s) be able to report his/her study designs, reporting some p-values, sample sizes, and measurements of effect estimates based on their review of literature? What is/are the level of scientific evidence(s) on their clinical review?

*Reply: The authors thank the reviewer for his/her contribution. Since the article is designed as a narrative review and not an original research, author-based clinical data are refrained from this manuscript; however, the authors also agree with the reviewer that it may be a sound idea to write a separate original article to present the data from their own clinical experience. On the other hand, the authors have indeed given some key insights to the readers on some of the important clinical points such as the one on Page 6 Lines 132-133 "...according to authors' clinical expertise, patients' usually cannot discriminate the two points when the distance is under 12 mm on the tongue." This information is derived from the clinical expertise of 2 of the senior authors of this manuscript as well as from a personal communication with Dr. Michael Miloro from UIC, Chicago, USA who is known to be a world-wide reputed oral and maxillofacial surgeon having significant contributions to the current nerve injury literature. Unfortunately, since the authors are not presenting a case series or implemented a research project recruiting nerve injury patients for this manuscript, it was not possible to report any p-values, sample sizes or to indicate the level of scientific evidence on their clinical reviews.*