Peer Review File

Article Information: Available at https://dx.doi.org/10.21037/fomm-21-52

Reviewer A

The manuscript is well designed and the text follows a logical sequence among the topics. Although the research is a retrospective study, some parameters can be found as scientific evidence at the clinical practice.

Reply: Thank you very much for your comments.

Page 4, line 16.

Please, consider the description on result section the patients based on ASA classification. If, it is possible, the correlation between the events studied and the ASA score, as the basis illness, for example.

Reply: Description of included patients has been added. In results, the correlation with these patients is provided.

Page 7, line 29.

Please, consider the revision of this sentence. Parametric approaches are used based on the normal distribution of the data, not according to the sample size, as described.

Reply: The sentence has been modified in order to improve understanding.

Page 11, line 12.

"On analyzing the habits of the patients included in the study, smoking was seen to be associated to a greater implant failure rate – though statistical significance was not reached."

Based on statistical tests, please consider the revision of this sentence. If no statistical significance was noticed, smoking may not to be a failure factor.

Reply: The sentence has been modified to make it easier to understand. Despite the fact that there was no statistical relationship, the trend is observed that patients with greater tobacco consumption had a greater number of failures. Data has been added in results to facilitate understanding.

Page 13, line 14.

Consider the ASA score discussion on this topic.

Reply: Added a paragraph in the discussion

Reviewer B

In the clinical opinion, setting a large window size will help reduce intra-operative complications due to usability of instrumentation under the clearly surgical field on sinus floor elevation lateral approach. Sinus membrane perforation (19.8%) remains the most common complication during sinus augmentation. (Pjetursson BE et al., JClinPeriodontol. 2008). Presence of septa and a residual bone height of 3-6mm are associated with an increased risk of sinus membrane perforation (Tükel HC et al., Int J Oral Maxillofac Surg. 2018).

Although not mentioned allow Spanish race in this study, Maestre-Ferrin et al reported that the incidence of septa in Spanish was 66.7%. (J Oral Maxillofac Sug 2011)[5]

They report that sinus membrane perforations remained only at 16% despite the cases in this thesis had many septa.

This may be related to wide window size and the augmentation procedure in a clear view.

This is totally fine, but I would add information of septa for example presence or absence, width, height and position. Because septa is one of the important factor for difficulty of sinus floor augmentation.

Furthermore, I suppose this thesis will be beneficial to discuss safer procedure of sinus augmentation because the window size does not correlate with the MBL and the survival rate of the implant in middle term.

Reply: Thank you very much for your comments and contributions. The presence of septa has been added to the study. Including data in both Results and Discussion