



SDI Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_50988
Title of the Manuscript:	Salivary Megaliths: a Literature review of giant salivary sialoliths larger than 30 mm
Type of the Article	

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p>Compulsory REVISION comments</p>	<p>Abstract: Conclusion is not proper with the purpose of this literature study manuscript as described within the content of this manuscript, therefore need to be added with the method of diagnose and treatment.</p> <p>The statement of ... The decision to find and search for reported giant salivary stones larger than 30 mm was taken and the articles of giant sialoliths reported in the range of 15 to 30 mm were not included in this study ... not proper with the content described in this manuscript such as .. And 86 megaliths with a size of 30 mm and upper were reported.</p> <p>The advantage of the radiolucent sialoliths can be seen with it.disadvantage → not clear, need to be described</p> <p>The manner to write the content of this manuscript need to be restructued such as Treatment: (Refer to figure 9)... the figure need to be replaced after the related description</p> <p>The manuscript is too long (30 pages) → need to be shorten, such as content that already described in form of statements no need to be formulated in form of feagure. More proper just described in feagures.</p> <p>Conclusion: not proper with the data described within the manuscript.</p>	<p>Conclusion: salivary megaliths are rare and Depend on the location of megaliths, various diagnosis and treatment are available. The exact cause of the formation of them is unknown and further research is needed to identify the etiopathogenesis of the formation of these kind of gigantic salivary stones.</p> <p>All "giant salivary stone" were changed to the salivary megaliths, and highlighted in the paper, however megaliths are a kind of giant stone...</p> <p>In dentistry this sentence is obvious. When salivary stones have a small size we cannot see them in radiographic film but ultrasonography can show them...</p> <p>Figure 9 was replaced and renamed to figure 6. By the way all of figures rename and replace to better place. for reduce the number of pages.</p> <p>Most of this article review is consist of table and figure. but Figures and table were minimized. And These sentences related to figures were omitted.</p> <p>The sialadenitis is classified into two categories: acute and chronic. In the acute form, if accompanied with pus withdrawal, it is classified as acute Suppurative sialadenitis.</p> <p>1. Obstruction with salivary stones 2. Obstruction with foreign body 3. Constriction</p> <p>As you can see, most megaliths cause blockage of the salivary duct, resulting in chronic obstructive sialadenitis due to salivary stones.</p> <p>1.Repetitive courses: chronic or recurrent sialadenitis 2.painless: malignant or benign neoplasms 3.sudden: acute supportive sialadenitis or not supportive.</p> <p>Figure (1-A) illustrated Differential Diagnostic Algorithm of Salivary Gland Stones and Acute and chronic Sialadenitis, and its Variants, and Figure (1-B) illustrated Differential diagnostic algorithm of infection, chronic inflammation, neoplasm, this categoration depend on the duration of clinical symptoms</p>



		<p>According to the figure (1-A) chronic sialadenitis is divided into 3 categories</p> <p>As you can see, most megaliths cause blockage of the salivary duct, resulting in chronic obstructive sialadenitis due to salivary stones. And Depending on the onset of the disease (pain and swelling), we have three categories (figure1-B)</p> <p>Figure (3)</p> <p>Categorization of Differential diagnostic algorithm for salivary duct obstruction, infection, neoplasm, is shown in figure (4) this group is categorized from the onset of the symptom pattern.</p> <p>We should pay attention to discharge of salivary gland. Algorithm (5) illustrated Differential Diagnostic Algorithm for Discharge of Salivary Dissipative Function, from the Saliva or Pus</p> <p>Depend on there is clear mass or diffusion on the area of salivary duct and gland we have 3 groups: figure (6)</p> <p>1. neoplasm 2. Infection 3. obstruction</p> <p>Can sialolith cause sialadenitis?</p> <p>Sialoliths can cause chronic obstructive sialadenitis. (Refer to figure8)</p> <p>Now we have 22 papers with all of the figures, table, and references...</p> <p>Conclusion: salivary megaliths are rare and Depend on the location of megaliths various diagnosis and treatment are available. The exact cause of the formation of them is unknown and further research is needed to identify the etiopathogenesis of the formation of these kind of gigantic salivary stones.</p>
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Minor REVISION comments		
Optional/General comments		Sc

PART 2:

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	