

# Journal of Pediatric DENTISTRY

<http://www.jpdent.org/>

Volume: 9 Issue 1 Year: 2023



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## Aim & Scope

The Journal of Pediatric Dentistry is a peer-reviewed, international, scientific journal published in accordance with independent, unbiased, and double-blinded peer-review principles. Three issues are released every year in April, August, and December.

The aim of the journal is to publish high level clinical and experimental studies conducted in all Pediatric Dentistry reviews comprising the latest research findings, reports on rare and educational cases, and letters to the editor that are prepared in accordance with the ethical guidelines. The journal's publication language is English.

Journal's target audience includes academicians, specialists, residents, and general practitioners working in the fields of pediatric dentistry, medicine and other related fields.

The Journal of Pediatric Dentistry is registered with the following abstracting partners:

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The Journal of Pediatric Dentistry is indexed with, or included in, the following: **EuroPub, DRJI.**

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Committee of Medical Journal Editors (ICMJE), World Association of Medical Editors (WAME), Council of Science Editors (CSE), Committee on Publication Ethics (COPE), European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal is in conformity with the Principles of Transparency and Best Practice in Scholarly Publishing ([doaj.org/bestpractice](http://doaj.org/bestpractice)).

Processing and publication are free of charge with the journal. No fees are requested from the authors at any point throughout the evaluation and publication process. All manuscripts must be submitted via the online submission system, which is available at <https://jpdent.org/>. The journal guidelines, technical information, and the required forms are available on the journal's web page.

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**Publisher:** Kare Medya  
**Address:** Göztepe Mah. Fahrettin Kerim Gökay Cad. No: 200  
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Yayın türü: Süreli, Basım tarihi: December 2023  
Basım: Yıldırım Matbaacılık, Bağcılar, İstanbul



## Instructions to the Authors

### The Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Journal of Pediatric Dentistry alone at that point in time and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere. The journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged. On submission, editors review all submitted manuscripts initially for suitability for formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are **rejected** before proceeding for formal peer-review. Manuscripts that are unlikely to be of interest to the Journal of Pediatric Dentistry readers are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in Journal of Pediatric Dentistry are sent to two or more expert reviewers. During submission, the contributor is requested to provide names of two or three qualified reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers should not be affiliated with the same institutes as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor. The journal follows a **double-blind** review process, wherein the reviewers and authors are unaware of each other's identity. Every manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) received from reviewers are conveyed to the corresponding author. If required, the author is requested to provide a point by point response to reviewers' comments and submit a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs within **three** days. It may not be possible to incorporate corrections received after that period. The whole process of submission of the manuscript to final decision and sending and receiving proofs is completed online. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as '**Ahead of Print**' immediately on acceptance.

### Authorship Criteria

Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

1. Concept and design of study or acquisition of data or analysis and interpretation of data;

2. Drafting the article or revising it critically for important intellectual content; and
3. Final approval of the version to be published.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without written consent of all the contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope and number of institutions involved (vide infra). The authors should provide a justification, if the number of authors exceeds these limits.

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Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. One or more author should take responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor'.

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All authors must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript.

### Submission of Manuscripts

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The submitted manuscripts that are not as per the "Instructions to Authors" would be returned to the authors for technical correction, before they undergo editorial/peer-review. Generally, the manuscript should be submitted in the form of two separate files:

## 1. Title Page/First Page File/covering letter:

This file should provide;

1. The type of manuscript (Original Article, Review Article, Letter to Editor, Case Report, etc.) title of the manuscript, running title, names of all authors / contributors (with their highest academic degrees, designation and affiliations) and name(s) of department(s) and/ or institution(s) to which the work should be credited, . All information which can reveal your identity should be here. Use only doc files. Do not zip the files.
2. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references, tables and abstract), word counts for introduction + discussion in case of an original article;
3. Source(s) of support in the form of grants, equipment, drugs, or all of these;
4. Acknowledgement, if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgments of technical help; and 3) acknowledgments of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in the main article file.
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The main text of the article, beginning from Abstract till References (including tables) should be in this file. The file must not contain any mention of the authors' names or initials or the institution at which the study was done or acknowledgements. Page headers / running title can include the title but not the authors' names. Manuscripts not in compliance with the Journal's blinding policy will be returned to the corresponding author. Use only doc files. Do not zip the files. **Limit the file size to 1 MB. Do not incorporate images in the file.** If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

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**4. The contributors' / copyright transfer form** (template provided below) has to be submitted in original with the signatures of all the contributors within two weeks of submission via courier, fax or email as a scanned image. Print ready hard copies of the images (one set) or digital images should be sent to the journal office at the time of submitting revised manuscript. High resolution images (up to 5 MB each) can be sent by email.

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Journal of Pediatric Dentistry accepts manuscripts written in **American English** spelling and terminology.

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## Types of Manuscripts

### Original articles:

These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. The text of original articles amounting to up to **3,500** words (excluding Abstract, References and Tables) should be divided into sections with the headings: Abstract (**Structured format: Objectives, Materials and Methods, Statistical analysis, Results, Conclusions**) up to **350** words, Key-words (**3–7** MeSH words), **Introduction, Materials and Methods, Results, Discussion, Conclusions, References** (up to **40** references), **Tables** and **Figure legends**.

**Introduction:** State the purpose and summarize the rationale for the study or observation.

**Materials and Methods:** It should include and describe the following aspects:

**Ethics:** When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at [http://www.wma.net/e/policy/17-c\\_e.html](http://www.wma.net/e/policy/17-c_e.html)). For prospective studies involving human participants, authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee or Review Board, obtaining informed consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial. The age beyond which assent would be required could vary as per regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on the care and use of laboratory animals was followed.

Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible and the details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively). The journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and ethical practices must be included in all research articles under the 'Materials and Methods' section.

**Study design:** Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. Technical information: Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement (<http://www.consort-statement.org>).

**Statistics:** Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing devi-

## Reporting Guidelines for Specific Study Designs

Initiative	Type of Study	Source
CONSORT	Randomized controlled trials	<a href="http://www.consort-statement.org">http://www.consort-statement.org</a>
STARD	Studies of diagnostic accuracy	<a href="http://www.consort-statement.org/stardstatement.htm">http://www.consort-statement.org/stardstatement.htm</a>
PRISMA	Systematic reviews and meta-analyses	<a href="http://www.prisma-statement.org/PRISMAStatement/Default.aspx">http://www.prisma-statement.org/PRISMAStatement/Default.aspx</a>
STROBE	Observational studies in epidemiology	<a href="http://www.strobe-statement.org">http://www.strobe-statement.org</a>
MOOSE	Meta-analyses of observational studies in epidemiology	<a href="http://www.consort-statement.org/Media/Default/Downloads/Other%20Instruments/-MOOSE%20Statement%202000.pdf">http://www.consort-statement.org/Media/Default/Downloads/Other%20Instruments/-MOOSE%20Statement%202000.pdf</a>

ce), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics (P 0.048). For all P values include the exact value and not less than 0.05 or 0.001. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

**Results:** Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

**Discussion:** Include summary of *key findings* (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); *Strengths* and *limitations* of the study (study question, study design, data collection, analysis and interpretation); *Interpretation* and *implications* in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms); *Controversies* raised by this study; and *Future research directions* (for this particular research collaboration, underlying mechanisms, clinical research).

Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. New hypotheses may be stated if needed, however they should be clearly labeled as such. About 30 references can be included. These articles generally should not have more than six authors.

#### Review Articles:

It is expected that these articles would be written preferably by individuals who have done substantial work on the subject or are considered experts in the field. The prescribed word count is up

to **4,000** words excluding tables, references and abstract. The manuscript may have about **75** references. The manuscript should have an unstructured abstract (up to **400** words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submitting review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract. The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article and should be sent as a letter to editor, as and when major development occurs in the field.

#### Case Reports/Case Series:

New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority. These manuscripts could be of up to **2,500** words (excluding Abstract and references) and manuscript should have an unstructured abstract (up to **350** words), Key-words, Introduction, Case report, Discussion, Conclusion, Reference, Tables and Legends in that order. The case reports could be supported with up to **25** references. The number of images/figures/tables/graphs is to be limited to **7** only.

#### Editorial:

Editorials are solicited by the editorial board or Editor-in-Chief; should be up to 1,500 words and with no more than 15 references.

#### Letter to the Editor (LTE):

These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary observations that need a later paper for validation. The letter could have up to **300** words and **5** references. It could be generally authored by not more than four authors. It should follow the response of authors with similar word count and references with the reading 'In response.'

#### Article Types

The following graph shows what types of articles are accepted for publication, and what requirement they may have.

#### References:

References should be *numbered* consecutively in the order in which they are first mentioned in the text (not in alphabetic order). *Identify references* in text, tables, and legends by Arabic numerals in superscript with square bracket after the punctuation marks. *References cited* only in tables or figure legends should be numbered in accordance with the sequence established by the

Article Type	Abstract Limit	Keywords Limit	Title Limit	Tables/Figures Limit	References Limit
Original Article (up to 3,500 words)	Up to 350 words (Structured: Objectives, Materials and Methods, Statistical analysis, Results, Conclusions)	3 to 7 keywords	Up to 35 words	Approximately 5 tables/figures	Up to 40 references
Brief Report (up to 1,800 words)	Up to 250 words (Structured: Objectives, Materials and Methods, Statistical analysis, Results, Conclusions)	3 to 7 keywords	Up to 35 words	Approximately 5 tables/figures	Up to 20 references
Review Article (up to 4,000 words)	Up to 400 words (Unstructured abstract)	3 to 7 keywords	Up to 35 words	Approximately 5 tables/figures	Up to 75 references
Case Report (up to 2,500 words)	Up to 350 words (Unstructured abstract)	3 to 7 keywords	Up to 35 words	Approximately 7 tables/figures	Up to 25 references
Editorial (up to 1,500 words)	n/a	n/a	n/a	n/a	Up to 15 references
Letter to Editor (up to 300 words)	n/a	n/a	n/a	n/a	Up to 5 references
In Response (up to 300 words)	n/a	n/a	n/a	n/a	Up to 5 references

first identification in the text of the particular table or figure. Use the style of the examples below, which are based on the formats used by the NLM in *Index Medicus*. The titles of journals *should be abbreviated* according to the style used in *Index Medicus*. Use complete name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as “unpublished observations” with written permission from the source. Avoid citing a “personal communication” unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text.

The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE Guidelines (<http://www.icmje.org> or [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)).

## Articles in Journals

### 1. Standard journal article (for up to six authors):

Albuquerque Guedes AP, Oliveira-Reis B, Catelan A, Umeda Suzuki TY, Fraga Briso AL, Dos Santos PH. Mechanical and surface properties analysis of restorative materials submitted to erosive challenges in situ. *Eur J Dent* 2018;12:559-565.

### 1. Standard journal article (for more than six authors): List the first six contributors followed by et al.

Al-Marzooq F, Al Bayat S, Sayyar F, Ishaq H, Nasralla H, Koutaich R, et al., Can probiotic cleaning solutions replace chemical disinfectants in dental clinics?. *Eur J Dent* 2018;12:532-539.

### 1. Volume with supplement:

Thosar N, Basak S, Bahadure RN, Rajurkar M. Antimicrobial efficacy of five essential oils against oral pathogens: An in vitro study. *Eur J Dent* 2013 Sep;7(Suppl 1):S071-S077.

### Books and Other Monographs

- 1. Books with a Single Author:** Jacobson A, *Radiographic Cephalometry: From Basics to Videoimaging*, 2nd ed. Birmingham: Quintessence Publishing Co, Inc; 2006
- 2. Editor(s), compiler(s) as author:** Garcia LS, *Filarial Nematodes* In: Garcia LS (editor) *Diagnostic Medical Parasitology* Washington DC; ASM press; 2007:319-356
- 3. Book Chapter:** D’Alpino PH, Svizero NR, Carrilho M, Self-adhering composites. In: Miletic V, ed. *Dental Composite Materials for Direct Restorations*. Cham: Springer International Publishing; 2018:129–151.

### Electronic Sources as reference

Journal article on the Internet: Parija SC, Khairnar K. Detection of excretory *Entamoeba histolytica* DNA in the urine, and detection of *E. histolytica* DNA and lectin antigen in the liver abscess pus for the diagnosis of amoebic liver abscess. *BMC Microbiology* 2007, 7:41.doi:10.1186/1471-2180-7-41. <http://www.biomed-central.com/1471-2180/7/41>.

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## Contents

### Review Article

#### Mapping of Systematic Review Pertaining to Pediatric Dentistry in Cochrane Library

Alpana Kumari, Joe Mathew Cherian, Abi M Thomas, Namita Singh, Shaila Masih ..... 1

### Original Articles

#### Assessment of Parental Perception and Success of Silver Diamine Fluoride as a Treatment Modality for Early Childhood Caries in Indian Scenario

Rahul Koul, Mrinalini Rathore, Sukhbir Singh Chopra, Sanjeev Datana ..... 7

#### Correlation of Dental Anxiety Measured by Children Drawing: Hospital Scale and SEM Scale with the Intelligence Quotient Levels Measured by Binet Kamat Test among Children Aged 6–9 Years

Apurva Laxman Mahale, Dinesh Rao, Sunil Panwar, Kritika Samaddar, Remi Ravi..... 16

### Case Reports

#### Successful Management of Large Dentigerous Cyst with Spontaneous Eruption of Affected Teeth by Minimal Invasive Surgical Approach: A Case Report

Mohammad Kamran Khan, Mahendra Kumar Jindal ..... 23

#### An Accessory Cusp and Three-rooted Deciduous Mandibular First Molar: A Rare Entity

Nur Iryani Izzaty Andytan, Nur Fara Izani Ikhwan, Alaa Sabah Hussien, Siti Hajar Hamzah, Mas Suryalis Ahmad ..... 32

#### The Diagnostic Conundrum of Oral Langerhans Cell Histiocytosis: Insights from Case Report for Early Identification by the Pediatric Dentist

Ankeeta Satish Khadilkar, Sanjeev Kumar Singh, Krishan Gauba, Ridhi Sood ..... 37