

and there is no mention of oral hygiene practices. Postradiotherapy oral mucositis can be a hindrance in the maintenance of regular oral hygiene,² which can lead to poor periodontal health and subsequent bone changes.

3. We are curious about the quality of the stored panoramic images, especially of the 204 film-based images, as there is no mention of any images excluded due to poor image quality.

We take this opportunity to record our appreciation of the efforts put forth by the authors in conducting this study, which will definitely facilitate further research in this field.

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“A randomized double-blind, multiple-arm trial comparing the efficacy of submucosal injections of hyaluronidase, dexamethasone, and combination of dexamethasone and hyaluronidase in the management of oral submucous fibrosis”—a commentary



To the Editor:

We congratulate the authors on the report of their randomized, double-blind, multiple-arm clinical trial.¹ The article is very informative for clinicians encountering oral submucous fibrosis. We have a few queries for which we seek clarifications from the authors. We request the authors respond to the following questions:

1. Without an intragroup analysis, can we conclude that there was significant reduction in tightness of mucosa in all the three groups?

2. The total improvement in burning sensation and tightness of mucosa does not appear to match with the total aggregate of baseline—week 2, week 2 to month 1, months 1 to 2, months 2 to 3, and months 3 to 6 for group 1.
3. With regard to tightness of mucosa and mouth opening (months 3-6), is it valid to include the group comparisons when one or more groups had mean and standard deviation of 0?

Thank you.

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Comparison of the performance of intraoral X-ray sensors using objective image quality assessment



In reply:

This letter is in response to the comments from Drs. Mah and Udupa regarding our article “Comparison of the performance of intraoral X-ray sensors using objective image quality assessment.” We are grateful for their comments and appreciate their careful reading of our paper.

In the paper we claim, “Furthermore, no studies comparing sensors of different models, using objective quantification of key image quality parameters, could be found in the literature.”¹ Taking the comments from Drs. Mah and Udupa into consideration,² we still believe that this is true. This is a consequence of our definition of objective methods, as expressed in the beginning of the discussion: “The results obtained using objective methods are produced by mathematical algorithms applied directly to image data and do not rely on the subjective assessment of image quality by radiologists.”¹ This means that no viewing of quality assurance (QA) images or assessment of graphs is done by a human observer. All QA data produced come from direct analysis of the digital image data, and there is no human interpretation of the results.

In references 2, 3, 5, and 6 in Drs. Mah and Udupa’s letter,² evaluation and interpretation of QA results is consequently done by human observers. In our opinion, such QA methods are based on subjective evaluation and interpretation. We have not been able to find reference no. 4, as this obviously is in the proceedings of a conference and is not a published paper.

In summary, we and Drs. Mah and Udupa evidently do not have the same opinion as to the meaning of the concept objective QA methods.

Sincerely yours,

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Response to the article “Comparison of the performance of intraoral X-ray sensors using objective image quality assessment”



To the Editor:

This letter is in response to an article titled “Comparison of the performance of intraoral X-ray sensors using objective image quality assessment” published online May 5, 2016.¹

We are pleased to see the publication of research stressing the need for more objective assessments for quality assurance with digital intraoral systems. Other researchers, Mol and Yoon, have similarly stressed the need for the use of objective assessment of digital intraoral systems, in the publication “Guide to digital radiographic imaging.”² We too have conducted research in this area, and, as such, we wish to correct a statement made by the authors.

In the paper, the authors state, “... no studies comparing sensors of different models, using objective quantification of key image quality parameters, could be found in the literature.”¹ In fact, objective assessment of imaging parameters with digital intraoral systems has been previously presented by our team as well as at other academic and commercial research institutions.

Our team published a paper titled “Quality assurance phantom for digital dental imaging,”³ presenting a method whereby objective assessment of physical imaging parameters is done to determine the optimal exposure of a digital imaging system and to ensure longitudinal quality assurance on a periodic basis.

Another paper by Verdú et al., titled “Specific developed phantoms and software to assess radiological equipment image quality,”⁴ presents an alternative objective method to assess imaging parameters with digital imaging systems.

A third paper, “Evaluation of image quality parameters of representative intraoral radiographic systems” by Udupa et al.,⁵ presents an evaluation of 20 different intraoral digital systems using an objective assessment of the physical parameters. The following is found on page 777 of that paper, where the authors clearly state: “Spatial resolution (SR) and contrast/detail detectability (C/D) were measured for all images using image analysis software where