

Reply on “Reliability of two different presurgical preparation methods for implant dentistry based on panoramic radiography and cone-beam computed tomography in cadavers”

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To the editor:

We thank Dr. Sabour for his comments about our article on reliability of two different presurgical preparation methods for implant dentistry based on panoramic radiography and cone-beam computed tomography in cadavers. We appreciate valuable comments from your profound knowledge and numerous research experiences to you.

We agree that it would have been better if agreement in one researcher in two different time points had been measured or if two researchers had been participated with evaluation of agreement by intra-class correlation coefficient (ICC).

Presurgical measurement was performed by beginner dentists. However, measurements in the radiograph after implant surgery and in the real specimen were performed by one researcher. Even if we assumed the measurement by one researcher who was the instructor of presurgical implant course

could have been reliable enough, ICC should have been evaluated in advance.

If you think ICC or weighted kappa should be applied instead of the statistical method we used in the present study, the reason why we used the specific statistical method is as follows. From our clinical experiences, we already knew there would be magnification of anatomic structure in radiographic images irrespective of radiographic modalities. In addition, at the specific site of two radiographs taken in different time points, the magnification could not be considered same. Therefore, serial measurements on specific site from different radiographs could not be considered to be performed in the same situation. ICC could not be considered as the most appropriate method for this study. Weighted kappa could not be considered as a statistical method because qualitative variables were not used in this study.

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