
Hesse, D.; Bonifacio, C.C.; A.B. Guglielmi, C. de; da Franca, C.; Mendes, F.M.; Raggio, D.P.

Published in:
Brazilian Oral Research

DOI:
10.1590/1807-3107BOR-2016.vol30.0057

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: http://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.
Dear Prof. Mickenautsch,

Thank you very much for reading and analyzing our paper very carefully. We actually agree with you that retention of sealant materials cannot be contemplated as any cut-off for clinical success regarding caries prevention; therefore we would like to apologize for our mistake as we erroneously state, “the complete clinical retention of sealant materials should be contemplated as the cutoff for clinical success” and cite your paper as reference to support it.1

Although we acknowledge that the prevention/arrestment of caries is the most important clinical outcome, other parameters should also be considered when selecting a dental material. The properties required of an ideal pit and fissure sealant include anticariogenicity, biocompatibility, good marginal integrity and retention rate.2 Among those properties, the longevity of the sealant material plays an important role in the clinical setting,3 as it can guide the clinician with regard to the choice of different materials available. Additionally, a satisfactory goal for the clinicians might be to seal the pits and fissures with the material that presents higher retention rates, protecting the sealed teeth for the first few years after eruption when the risk of caries can be higher.4,5

Therefore, we considered only fully retained sealants as successful in this trial, as our aim was to investigate the clinical retention of a low-cost glass ionomer cement (GIC) Maxxion R (FGM) after a short period of time (12 months). This GIC costs less than 25% of the price of Fuji IX (GC corp) or Ketac Molar Easymix (3M ESPE), factor that could enable the use of this GIC for public healthcare in deprived areas. However, there were no preview reports on the survival rate of this material as pit and fissure sealant. Our results showed that the high-cost GIC brand (Fuji IX) presented a 2-fold-more-likely-to-survive than the low-cost brand after the first year of evaluation.6 So, the information of retention rate of this material can assist the clinician when selecting dental materials on a daily basis. We kept following these molars, not only evaluating the retention but also the caries incidence, data that will be published soon.

**Declaration of Interests:** The authors certify that they have no commercial or associative interest that represents a conflict of interest in connection with the manuscript.

**Corresponding Author:**
Daniela Hesse
E-mail: dani_hesse@hotmail.com

**DOI:** 10.1590/1807-3107BOR-2016.vol30.0032
References


