Dear Editor,

I would like to thank you for giving us the chance to answer the reviewers comments:

Reviewer 1:

1. The authors claimed that the incomplete osteotomy done at the articular eminence was to partially fracture and down-fracture this part, so how could they select and identify the ideal position, depth of penetration and direction of such osteotomy as any over penetration may endanger the idle cranial fossa ?

-Identification and selection of the proposed position, depth of penetration and direction of the osteotomy based on the preoperative ct scan of each patient, and the use of graduated osteotomes facilitates the procedure intraoperatively.

1. I think it will be much more safer and accurate to do the green stick fracture using a patient specific surgical guide?

Authors of this study used the preoperativect scan to precisely identify the osteotomy position for each patient, and the use of graduated osteotomes facilitates the procedure intraoperatively. But it could be very innovative to use such surgical guides taking this protocol to the next level.

1. Authors of this study confirmed that they did not need any extra fixation method to the interpositional sympheseal block graft, did any of the cases suffered from any graft loosening or resorption that affects the final amount of vertical eminence augmentation?

* Non of the patients suffered from graft loosening or even block resorption and the block was snug ly fittedand wesged in place with very stable primary stability an was radiographically consolidated after 4 months from the surgery.

1. Although selection of intra oral donor site was of minimal donor site morbidity, but this procedure could be done using either xenograft or allograft block with the high vascularity of the created defect with no morbidity? Why the authors did not use these types of bone grafts

* Although These types of bone grafts will be a very conservative with no donor site morbidity, however, it is cost effective, this is why the authors of this study preferred to use auto blocks as a gold standard.

1. Why the harvested sympheseal graft used as an inlay not onlay for eminence augmentation, as based on the literature onlay will definitely gives more amount of vertical augmentation.

-the main cause of using the inlay rather than onlay technique was the difficulty of block adaptation to the native eminence and the expected high amount of resorption that will occur to any type of block grafts fixed as an onlay grafts.

1. This article lacks direct correlation between the amount of vertical eminence augmentation and the maximal incisal opening beyond which prevention of condylar dislocation occures?

* This is a very important point of discussion as it will be very effective to find direct correlation between the amount of vertical eminence augmentation and the maximal incisal opening beyond which prevention of condylar dislocation occurs, however, this point is a patient relevant that will require more sample size and a larger follow up periods . so the authors are now working to increase the sample size to accurately validate this data.

Reviewer 2:

Research submitted addresses a chronic problem with a novel revised treatment modality. Points that need to be revised and clarified are inclusion and exclusion criteria, also possible previous conservative treatment trials. More emphasis should be drawn to clarification of the postoperative follow intervals and assessment methods especially regarding assessment of interincisal opening.

-The edited version of the manuscript includes all the requested edites , and the data is now summarized at table 1.