SDI Review Form 1.6

Journal Name:	International Journal of Research and Reports in Dentistry
Manuscript Number:	**Ms_IJRRD_43021**
Title of the Manuscript:	**NON SURGICAL MANAGEMENT OF LARGE CYST LIKE LESION USING TRIPLE ANTIBIOTIC PASTE**
Type of the Article	**Case Study**

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.
To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline)

PART 1: Review Comments

	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Compulsory REVISION comments		
Minor REVISION comments		
Optional/General comments	This is a very good case, I hope you follow up the case for further controls and perform more studies like this and establish a case series.	

Reviewer Details:

Name:	***Emre İriboz***
Department, University & Country	***Endodontics, Marmara University, Turkey***