

**Dear Editor,**

Thank you for the opportunity to revise our manuscript entitled “Clinical Evaluation of Different Arthrocentesis Techniques in the Treatment of Temporomandibular Joint Disorders.” We are grateful to you and the reviewers for the careful evaluation of our work and for the constructive comments, which have helped us substantially improve the methodological transparency, reporting quality, and interpretation of the study.

In response to the comments received, we have undertaken a comprehensive revision of the manuscript. In particular, the retrospective and non-randomized nature of the study and the process by which patients were retrospectively classified into the two treatment groups have been clarified. The potential implications of selection bias, residual confounding, the baseline difference in symptom duration, the relatively small sample size, multiple secondary comparisons, and the absence of an equivalence or non-inferiority design are now explicitly acknowledged. We have also strengthened the reporting and interpretation of the clinical outcomes by providing effect sizes and 95% confidence intervals where appropriate and by distinguishing statistical significance from clinical relevance, particularly in relation to the 6-month findings for protrusive movement and self-reported masticatory function.

We have further clarified the procedural methodology, including the definition of needle insertion attempts, operator-related considerations, differences in needle gauge and cannula construction, and the limitations associated with unmeasured irrigation pressure and flow rate. The intra-articular hyaluronic acid protocol has been described in greater detail, and its potential contribution to the observed clinical improvements is now explicitly acknowledged as a possible confounding factor. The interpretation of complications and treatment tolerance has also been revised to avoid conclusions regarding safety that are not supported by the study design and sample size. The Discussion, Limitations, and Conclusion sections have consequently been extensively revised to ensure that the findings are presented cautiously and remain fully aligned with the observational nature of the study.

We would also like to specifically clarify the issue regarding the reporting guideline. In the previous revision process, CONSORT reporting was requested. However, following careful reassessment of the study design and the reviewers’ methodological comments, we recognized that CONSORT, which is intended for randomized controlled trials, is not the appropriate reporting framework for the present retrospective, non-randomized observational study. To avoid inaccurately representing the study as a randomized clinical trial, we have therefore replaced CONSORT with the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) guideline, which is methodologically appropriate for this study design. The manuscript has been revised accordingly, and a completed STROBE checklist is provided with the revised submission. This change does not alter the study itself but ensures that its reporting accurately reflects its retrospective observational design.

We believe that these revisions have substantially strengthened the manuscript and addressed the methodological and interpretative concerns raised during the evaluation. A detailed point-by-point response to all comments has also been provided, and all corresponding changes have been incorporated into the revised manuscript.

Thank you again for your careful consideration of our manuscript and for the opportunity to improve our work. We sincerely hope that the revised version is now suitable for further consideration for publication.

**Sincerely,**

**Helin Merve Özalp**

Corresponding Author