LETTER TO THE EDITOR

Author response to letters to the editor

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To the editor,

Thank you for giving me the opportunity to respond to two letters submitted to *Dentomaxillofacial Radiology* concerning my recent publication: Arijji Y, Morita M, Katsumata A, Sugita Y, Naitoh M, Goto M, et al. Imaging features contributing to the diagnosis of ameloblastoma and keratocystic odontogenic tumours: logistic regression analysis. *Dentomaxillofac Radiol* 2011;**40**:133–140.

Answer to letter 1

I think that van Rensburg presented the imaging features of keratocystic odontogenic tumours (KCOT) well. The purpose of the present study was to clarify what imaging features contribute to the differential diagnosis by many observers, not show the features of imaging KCOT. Furthermore, we examined what diagnosis CT was useful for and what difference there was in diagnosis between the specialists and non-specialists.

Answer to letter 2

In the present study, 60 observers interpreted the images of all patients. They did not receive the explanation of the imaging features.

The number of patients in the present study might be small as you had said. The purpose of the present study was to clarify what imaging features contribute to the differential diagnoses by many observers. Patients with ameloblastoma or KCOT of the mandible were sequentially chosen by the selection criteria from a database for a certain period.

We performed the logistic regression analysis by setting the correct imaging diagnosis as the explanatory variable and some imaging features as the response variables. As a result, the significant imaging features contributing to a correct imaging diagnosis were the number of locules, the presence of the high-density areas and the inclusion of impacted teeth.

I also think that the CT density pattern is useful for the differential diagnosis. The present study showed that the presence of the high-density areas was useful for the diagnosis of KCOT.

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