placement, 1 month preoperatively and 1 month postoperatively for both groups: the OQLQ-22 and the OHIP-14."

4. Quality of life was assessed 1 month postoperatively, which referred to the end of the protocol. However, we are concerned that assessment of the health-related quality of life cannot be limited to that time point (1 month postoperatively). The reason could be the difference in the quantum of postsurgical orthodontic treatment phase associated with both approaches. Quality of life assessment may need to be more elaborate during this phase of treatment (postsurgical orthodontics) to represent the true differences in the approaches. Although we understand that the investigators used exclusively the Orthognathic Quality of Life Questionnaire (OQLQ-22), it seems prudent to assess the quality of life comprehensively.

We would appreciate clarifications regarding these concerns.

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Authors' response

We thank the authors of the letter for their interest in our article and for their interesting questions. We will try to respond to their concerns by answering them point by point.

1. Patients were selected for bimaxillary surgery through a preoperative planning process that consisted of cephalometric analysis and esthetic examination. Only those requiring bimaxillary surgery were added to the study. A weighted analysis based on the severity of the malocclusion would definitely be interesting; it was not the initial purpose of this article, but it definitely deserves a study in the future.
2. The groups were homogeneous regarding the distribution of Class II and Class III subjects. We agree that the outcomes might vary based on the type of malocclusion, but we believed that this would not add much to the purpose of the report. In fact, the preoperative orthodontic therapy is decompensative in both Class II and Class III, and the postoperative orthodontic therapy is compensative for both. Furthermore, the sample was too small for us to have significant data for such subgroup analysis.
3. We apologize for the lack of clarity regarding the timeline for administering the questionnaire. Control group: (1) before bracket placement, (2) 1 month preoperatively, and (3) 1 month postoperatively. Study group: (1) 1 month preoperatively and (2) 1 month postoperatively.
4. We agree that our data are preliminary and that 1 month postoperatively is not the end of treatment. Further studies will be carried out on the matter.

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