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Title: A comparison of tenses with past reference in native Spanish and non-native English Discussion sections of dentistry research reports and an error analysis of tenses, non-finite verbs and sentence connectors in the English subcorpus

Título: Estudio comparativo de tiempos verbales en un corpus de apartados de discusión de artículos de investigación odontológica en español e inglés redactados por nativos y no nativos, respectivamente, y análisis de errores en los tiempos verbales, verbos no personales y conectores del subcorpus inglés.

Running title: *Tenses, non-finite verbs and sentence connectors in a dentistry corpus*

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Abstract:

Researchers need to publish in English in international journals, which requires non-native speakers to have their texts translated or to write in English and have the texts edited by a native speaker. Identifying areas of native language influence or interference and suggesting solutions to errors may help non-native speakers to write dental research reports and other scientific prose more naturally in the target language, reducing the editing time and cost. It may also assist English teachers in planning coursework and give translators and editors pointers to some syntactic and lexical calques to avoid.

This study compares the use of tenses in English and Spanish subcorpora of pre-translation and pre-editing Discussion sections of dental research reports and analyses errors in tenses, non-finite constructions and sentence connectors in the English subcorpus. Despite the limited size of the comparable bilingual corpus, it confirms the hypothesis of native language interference or influence in connectors and non-finite constructions and, to a lesser extent, in voice and tenses.

POS tagging and concordancing is an objective, fast and successful method for finding pre-defined patterns but is not totally error-free and some manual processing may be needed. Error tagging is slow and more dependent on the examiner's judgement and experience but unearths phenomena that might not have been contemplated initially. The information on corpus tools and technical know-how in the appendices may also prove useful to other researchers.

Keywords: Corpus, dentistry, non-native, English, Spanish, errors, research reports, discussion section, use of tenses, voice, non-finite constructions, sentence connectors.

Resumen:

La necesidad de publicar en inglés en las revistas internacionales obliga a los investigadores que no sean nativos de este idioma a enviar sus trabajos a traducir o a escribir en inglés y confiar la revisión lingüística a un hablante nativo. La identificación

de áreas que presentan problemas debido a la influencia o interferencia del idioma nativo puede ayudarles a conseguir una redacción más natural y fluida en el idioma meta de artículos de investigación odontológica y de otras categorías de prosa científica, rebajando el tiempo y costes de la revisión. Igualmente, podría resultar útil para los docentes de inglés en la preparación de tareas y proporcionar a los traductores y revisores lingüísticos algunas indicaciones para evitar los calcos léxicos y sintácticos y vencer cualquier inercia.

En este estudio comparo el uso de tiempos verbales en dos subcorpus, uno en inglés y el otro en español, compuestos de apartados de discusión de artículos de investigación odontológica en los textos originales anteriores a la traducción o revisión lingüística, y analizo los errores identificados en los tiempos verbales, verbos no personales y conectores interoracionales del subcorpus inglés. A pesar del tamaño reducido del corpus bilingüe comparable, se confirma la hipótesis de interferencias o influencias del idioma nativo en los conectores interoracionales y formas no personales del verbo así como, en menor medida, en tiempos verbales y la voz pasiva.

El etiquetado de categorías gramaticales y la búsqueda automática de concordancias presentan un método objetivo y rápido para identificar con éxito las secuencias preestablecidas, aunque puede precisar un cribado manual al no resultar totalmente exento de errores. La técnica de etiquetado de errores es laborioso y depende en mayor medida del juicio y experiencia del examinador; sin embargo, puede revelar algunos fenómenos que no se habían contemplado inicialmente. La información sobre las herramientas para procesar los corpus y procedimientos técnicos, recopilada en los anexos, puede resultar útil para otros investigadores.

Palabras clave: Corpus, odontología, no nativo, inglés, español, errores, artículos de investigación, apartado de discusión, empleo de tiempos verbales, voz, verbos no personales, conectores interoracionales.

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1. INTRODUCTION

1.1. Motivation, aims and scope

The population of academic texts in digital format I have received since 2003 for translating from Spanish into English or for editing in English, in preparation for publication in international journals, provide a rich quarry for research into different aspects of language use. A further motivation was to learn about some corpus tools and methods and about error analysis.

This study adopts a product-oriented, corpus-based approach, using quantitative and qualitative methods, to examine the use of tenses in two comparable subcorpora (McEnery et al (2006: 48) of academic writing in English and Spanish in the field of dentistry and identify possible false friends in tenses, non-finite constructions and connectors in the English subcorpus.

The research article, case series and systematic review genres to which the articles belonged may be grouped under the superordinate genre of research report. The subject areas, while not relevant for the linguistic features under study, included caries research, orthodontics, periodontal disease, oral surgery, endodontics, implant dentistry, post-operative complications, biofilms, antibiotic treatment, and several dental techniques and materials.

The subcorpora are composed exclusively of Discussion sections extracted from untranslated and unedited source texts (so a stage earlier even than pre-peer review) in Introduction, Method, Results and Discussion (IMRAD) format, written in Spanish by a group of native speakers (NS) and in English by a non-native speaker (NNS) group. I consulted the corresponding edited pre-peer review English versions (the subsequent stage in the pre-publication procedure) at the problem annotation stage of this study but did not necessarily adopt the same corrections, as explained in section 3.3.2.

From my own observations, in dentistry journals the Discussion section is the part of an IMRAD-format article in which authors compare their results with those of other researchers and put forward arguments to support their analyses of their findings. Consequently, while sharing citation styles and other features with other sections of the article, it may also be expected to offer a greater range of tenses with past reference and

sentence connectors indicating or reinforcing the direction of the argument. Extracting only this section of the articles also reduced the corpus to a manageable size for manual annotation.

The research questions are related to genre insofar as the register of articles in international dental journals is formal, as in other academic writing, and the tense use conventions of Spanish and English in this context reflect different attitudes to reporting research.

1.2. Research questions and hypotheses

My hypothesis was that some problems encountered when editing NNS writing may arise through the influence of the authors' native language and that these problems include uses of tenses with past reference and false friends in non-finite constructions and sentence connectors.

Within the broad areas of tense use and false friends, I focused on comparing tenses with past reference in English and Spanish (listed in 3.3.1) and on the possible influence of Spanish on these tenses and on some non-finite constructions and sentence connectors in English.

The inclusion of the present with past reference (past continuing into the present) and present with citations used for generalisation was not among the initial research questions but comparison of these uses between the two languages seemed an interesting addition. I have reported the results but have not discussed their possible interpretation.

Verbal impersonalisation mechanisms in English and Spanish and voice (active or passive) and morphology errors (deviation from the correct form) in English were not among the main objectives of the study, and morphology errors were few and minor, but voice revealed some results that merited discussion (see 5.2).

The false friends in non-finite constructions that interested me were: 'ALLOW + infinitive' without the required intervening noun phrase; confusion between 'a method to achieve something' and 'a method for achieving something'; and use of the -ING form instead of an infinitive or a finite verb (or reformulation), as in 'most cases need repeating the surgical exposure', or 'being' used like *siendo*.

This area of error analysis also revealed cases of infinitives being used instead of a preposition (other than 'for') and the -ING form, and several semantic errors, which I have reported in the results but have not included in the discussion of the data.

Sentence connectors are an important mechanism for signalling the relations between different utterances, so are a major instrument of cohesion. The subset I have studied to identify misuse or under- or overuse are those that show the direction of the argument (e.g. addition, restatement, agreement, contrast, concession, result/consequence, conclusion), rather than sequence of events or enumeration.

Concordancing, statistical analysis and error annotation are methods that help to elucidate whether problems in non-native language (L2) writing are related to native-language (L1) lexical and grammatical structures.

1.3 Relevance for medical and health sector translation

Errors in L2 writing due to L1 interference are difficult for NNS authors to detect and editing to publishable quality by a native speaker is necessary in view of the need to publish in international journals. The more natural the flow of the original text and the fewer the mistakes, the easier and less expensive it will be to edit.

Natural flow depends on the interrelations of many different factors such as discourse and text organisation, coherence and cohesion, lexical choices, correct syntax and orthotypography. A study of this size cannot address all the factors involved. Nonetheless, identifying problem areas that could be related to L1 influence or interference and some possible solutions may help translators, editors and non-native speakers writing in English (whether drafting research reports in the field of dentistry or working in other academic fields and genres) to overcome inertias and avoid syntactic and lexical calques. It may also be useful for teachers of English for special or academic purposes.

I also hope that the appendix on reasons for tool choices and technical know-how will be useful to other inexperienced researchers.

1.4 Organisation

Following this Introduction, the Background section first provides an introduction to some basic concepts which are relevant to the study (context, ceremony and process; field

and genre; corpora; statistical and error analysis). After setting out the observations of some authors concerning comparisons between English and Spanish verb use (or French use which also applies to Spanish), it explains Spanish passive and verb impersonalisation mechanisms in the words of several grammarians and comments on the translation of these terms into English.

The Methods section explains the processes used for corpus selection, preparation, searching and analysis, step by step, and how each of the main areas of study was classified and quantified. It ends by briefly mentioning the limitations of this study.

The Results section presents the quantitative results, with very few comments. These are confined to the Discussion section, which is limited to interpretation of the data, the practical outcome and suggestions for future research.

The Conclusions are followed by six appendices. The first concerns the choices of corpus tools and technical know-how for several of the procedures I employed. The explanations of methods for implementing these may, I hope, be useful to other researchers. The last addresses the issue of copyright of the data included in corpora, with reference to the legislation of the USA, United Kingdom and Spain in force in September 2020. Appendices 2 and 3 show the tags and query strings I used; Appendices 4 and 5 show the raw corpus results in the form of concordance screenshots, plain text output and error analysis excerpts.

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2. BACKGROUND

2.1 Context: ceremony and process

Newmark (1979) noted that

The component parts of a text depend on three types of context: the linguistic, where the company a word keeps may modify or transform its primary sense; the situational, which connects each part with what is happening in "extra-linguistic reality"; and the cultural, if words like "tea" (British) and "slim" (approval) [...] have different senses in the respective languages.

The advancement of science and the pursuit of an academic career demand publication in international journals, which inevitably entails a requirement to publish in English, the predominant language of international scholarship. Saldanha and O'Brien (2014: 4) citing Susam-Sarajeva (2002), state that researchers are inevitably 'educated away' from their own culture because

for research to be considered 'useful', 'publishable' and 'quotable' it must refer to the established [central] frameworks. In order to be rated highly as a researcher, one needs to publish in specific journals, most of which use English as the language of publication.

Claros (undated) also considers that the obligation to read and publish in English is corrupting academic writing in Spanish, which, in turn, is spreading Anglicisms to the language at large:

This necessity imposes an extra burden on the time and pockets of non-native speakers (NNS), Their texts need to be translated from their native language or, if they write in English, which is more time-intensive, must be edited to a greater or lesser degree depending on their proficiency in this language. In either case, the required result is a *covert translation* (House, 1977, cited in Hurtado 2001-2008:243) or, to use Nord's (1991: 81) term, an *equifunctional translation*, in other words, one that is not received as a translation but as an original text in the target language. The text must flow naturally in order to be acceptable and rejection on the grounds of poor English is by no means uncommon.

For Williams (1994), agreeing with Newmark (1979, 1981) and other authors, in practical terms a successful target language version means acceptable for publication in a specialist

journal, and for this, given factual accuracy, the main criterion will be naturalness. In a recent interview, Antonio Martín (2021) highlighted that errata interfere with clear reception and have negative consequences, and likened proofreaders and editors¹ to seatbelts: to avoid problems, they need to be used².

The translation or correction processes involve comprehension and analysis. Although computer-aided translation memory and glossary management programs treat the sentence as the translation unit, the translator or editor must not lose sight of textual and discourse coherence and cohesion to ensure comprehension of the rhetorical moves and a natural flow that favours readability. As Newmark (1979) advises:

In medicine, but not in all translation, the translator's³ object is to elicit equivalent effect [...] Usually his first aim is factual textual accuracy and his second a natural, sympathetic way of writing that will interest his reader. He must therefore [...] translate effectively [...] clarifying and pruning where necessary" and matching frequency of features "by equal frequency of the corresponding feature in the TL text.

However, a “natural, sympathetic way of writing” precludes frequencies that are not natural in the target language, as we will see in the respective frequency counts for the present and past tenses in the Spanish (SD) and English (ED) subcorpora and the direction of tense error corrections in ED.

¹ <https://blog.wordvice.com/topic/language-rules/proofreading-and-editing-guide/>: Proofreading corrects spelling, punctuation and grammar errors and “inconsistencies in formatting, citation and references”. Editing improves the overall writing quality “to make a written work as strong, clear, and professional as possible” and “can result in more extensive changes”, including rephrasing and changes in vocabulary, as editors “use more creativity and consider the intentions of the author and the needs of the reader”. Professional editing course curricula cover the different types of editing, ranging from paragraph and sentence-level organisation and phrasing for readability and flow to the style or structure of the entire document.

² "es necesario que haya un control de calidad que procese los textos que quieran llegar con nitidez y claridad, sin interferencias, que es lo que son al fin y al cabo las erratas. [...] nuestra función es muy parecida a la de un cinturón de seguridad en un auto: estamos para que no pase nada, pero hay que usarlo. [...] siempre usamos la etiqueta #ponuncorrectorentuvida para recordar que hay erratas que generan un coste y un daño que un corrector puede evitar [...].”

³ In the context of the English Discussion subcorpus, for “translator” read “editor”.

The *ceremony* (Aragonés, 2009: 106, following Freedman 1994) of publication in a journal is a ritual that locates the genre within its social context, the space of communication of a discourse community⁴, following a set of conventions, implicit and explicit, that evolve over time (Swales, 1990: 110-117). Despite this diachronic variation, the conventions in force at any given time must be obeyed — in broad terms at least, and with variations between disciplines — to meet the expectations of journals and readers and ensure the reception and acceptance that permits information and proposals to be presented and recognised within the discourse community. Publication in a journal of a paper by an NNS involves several stages.

When the authors (in the field of dentistry, plurality is more usual than a single author) consider the nth draft of their paper to be final and complete, this original or source text is sent for external translation or editing. Sometimes the authors have a native speaker to hand who is prepared to perform these tasks, in which case professional editing may possibly, but not necessarily, take place at a later stage. Preferably, they will name the journal to which they intend to submit the paper, since language variety and other structural, linguistic and typographical instructions vary from one journal to another.

Related meta-genres may also need translating or editing: the title page with author information (institutions, qualifications and/or positions), abstract, keywords (obligatory in this discipline and often required to be MESH terms), acknowledgements, sources of funding/conflicts of interest, reference list, figure legends, supplementary material, cover letter, highlights or clinical reference and any other required document.

The translator or editor prepares a draft translation or edited version, at one or more points in this process consulting the author or authors about obscure or ambiguous passages or perceived errors — or, if the text has been received through a language services provider (LSP), laying them before the project manager who, ideally, consults the author(s) and reports back. The authors themselves may also introduce modifications to their original text at this stage.

⁴ A group of people that share common goals and communication mechanisms, uses these to provide information and feedback, has one or more genres to further its aims, has acquired specific lexis and has a threshold of members with suitable content and discursual expertise (Swales, 1990: 24-27)

Once the translator or editor has delivered the (first) final version, the authors submit the paper and associated meta-genres to the journal of first choice for selection by the editor for peer review.

The reviewers may accept the article or reject it at this stage, or they may, and most often do, suggest or demand minor or major modifications. The resulting rewritten version is likely to require further translating or editing assistance. Using the professional originally employed, who has already invested time in understanding the subject and the authors' intentions, can avoid delays and reduce the extra cost. The (second) final version may be accepted, or further minor changes may be required, or it may be rejected, in which case it is likely to need adaptations in order to submit it to a different journal and begin the process anew. If it is accepted, the journal itself may introduce changes, with which the author(s) may or may not agree, but the translator or editor seldom sees any galley proof before publication.

2.1.1. Language and context

In this study, the level of English competence in the English Discussion (ED) subcorpus is variable although generally high, and since the authors are experts in their own area and read publications in English, terminology poses few problems. An excerpt from Thurstun and Candlin (1998) in McEnery (2006: 198) had already noted this situation, citing both Li and Pemberton (1994: 184):

“tertiary students do not necessarily find discipline-specific technical vocabulary difficult. Rather, it is the vocabulary with a middle frequency of occurrence across texts of various disciplines that students find most problematic.”

and Nation (1990), who refers to this range of vocabulary items as “academic vocabulary”. Confusion between American and British spelling and punctuation is not infrequent. This is an important area of difficulty for NNS writers but lies outside the scope of this study.

The Spanish source language texts in the Spanish Discussion (SD) subcorpus, written for translation into English for publication in international journals, complied with the international convention of IMRAD format for dentistry articles. Linguistic aspects may also have been influenced by consciousness of the intended audience and familiarity with this medium, whether or not the writers were aware of it. Comparison with articles

published in Spanish dental journals might shed some light on this question (or possibly not⁵).

Diachronic comparison could also illuminate shifts in the publication context and conventions for Spanish authors. The evolution of *Medicina Oral, Patología Oral y Cirugía Bucal* provides a striking example of such shifts and highlights the importance of publishing in English in international journals. In 2009 and 2011 this journal was published in physical form in Spanish, preceded by online editions in English (indexed in two citation indices since 2008 and incorporated into most of the other major medical databases between 2009 and 2011) and in Spanish. The authors of articles in Spanish deemed worthy of the English edition were asked to translate them and the Spanish online edition included articles not deemed of sufficient quality to be published in English. By 2014, with indexation also in PubMed Central since 2012, instructions to authors were written only in English, the number of sections (topics covered) had been cut considerably and the only edition mentioned on the journal's website was the online English one. In 2016 the number of sections was reduced still further and articles could only be submitted in English.

2.2. Field and genre

As Newmark (1979) pointed out, “Medical translation is an exceptionally socially important occupation both nationally and internationally”. Within the broad area of medicine, however, dentistry is a field that has received little attention in translation studies or language learning research.

⁵ “Hace ya años que el inglés se ha erigido como idioma de comunicación en las ciencias experimentales. Como consecuencia, cualquier investigador científico que quiera estar al día y divulgar sus conocimientos se verá obligado a leer, escribir y publicar básicamente en ese idioma, con lo que el hábito de comunicarse en inglés acaba corrompiendo su idioma materno con expresiones y usos anglicistas innecesarios, que se transmiten luego al resto de la población igualmente entendida con la que se interrelaciona—profesores, periodistas, científicos—, con lo cual entran fácilmente en circulación. El descuido con el que se trata el tema de la escritura científica en español es, por tanto, enorme a pesar de que también existen organismos y colecciones de reglas que orientan en el correcto empleo del español a la hora de traducir o crear un documento científico”.

In language studies, the concept of genre provides a theoretical foundation for judging acceptability as an original text in the target language (see 2.1. above). In Swales' definition:

A genre comprises a class of communicative events, the members of which share some set of communicative purposes. These purposes are recognized by the expert members of the parent discourse community, and thereby constitute the rationale for the genre. This rationale shapes the schematic structure of the discourse and influences and constrains choice of content and style. Communicative purpose is both a privileged criterion and one that operates to keep the scope of a genre as here conceived narrowly focused on comparable rhetorical action. In addition to purpose, exemplars of a genre exhibit various patterns of similarity in terms of structure, style, content and intended audience. If all high-probability expectations are realized, the exemplar will be viewed as prototypical by the parent discourse community. (Swales, 1990:58)

However, considerable terminological confusion can be found in this area. Morales (2010:29:33) distinguishes 'discourse genre' (*género discursivo*) from 'text sequence' (*secuencia textual*). He proposes the former term for constructions defined by their external structure and sociocultural context of use by particular discourse communities, while the latter describes the cognitive discourse constructions that organise discourse internally. Other terms that have been used include 'text genre', 'text prototype' and 'text type'. Usage of the latter varies radically, ranging from definition according to function, such as Hatim and Mason's (1990: 153-158) argumentative, expository (conceptual exposition, with descriptive and narrative variants) and instructional text types, to classification by conventional form and specific communication situations, equivalent to Swales' genre, as in Crystal's mention of "road signs, news reports, poems, conversations, etc." (1991: 350, lemma: 'text(ual)').

A supergenre is a superordinate category, containing many subgenres. Lijffit and Nevalainen call it a central category or core genre and attribute the term supergenre to Lee (2001), who they quote as saying that it operates "in terms of prototypes or fuzzy boundaries". They can be applied to different levels of genre. For instance, Literature is a supergenre for Novel, Poem and Drama and Western, Romance and Adventure are subgenres of Novel, while conversation, prose fiction, broadsheet newspapers and

academic prose are established higher-level genres, although the *Longman Grammar of Spoken and Written English* calls them registers.

At all events, text type and genre can assist in identifying the predominant function(s) and finding appropriate solutions, but they do not change the translation method (Hurtado, 2008: 488) or the editing method.

As Aragonés (2009: 100) points out, each text responds to a particular situation but habits are created around social acts (ceremonies), although the form is subordinated to the pragmatic and rhetorical intent — which may not be what it seems. Consequently, extra-textual aspects are fundamental for the comprehension of intra-textual elements and the rhetorical forms associated with different genres are stylistic and functional responses to needs created by specific situations.

The text must not only be acceptable grammatically and orthographically but must also comply with the conventions of the genre (and of each journal) in terms of format, style and register. In the words of Halliday (1978, cited in Aragonés, 2009), “A register is a functional variety of language [...] associated with a given type of context”.

Williams (1994) cites Newmark's classification of scientific texts (1981) as typical examples of texts with an informative function, using a factual type of language, with "considerable use of the third person, past tenses (present tenses in French), multi-noun compounds, passives". Newmark (1979) states that "English medical style is sober, conservative, moderate, with emphasis on verbal nouns rather than active verbs and on multiple noun-compounds".

One of the most prominent genres in scientific writing is the research article (RA), also known as a research report, research paper or original report. It presents new clinical or research data to the professional community. The conventional structure of the RA is Introduction–Method–Results–Discussion (abbreviated as IMRD or IMRAD)⁶. This structure is discussed at length by Swales (1990), who notes (1990: 175) that the consensus in the ‘hard’ sciences is to follow this structural and rhetorical paradigm, as do

⁶ However, slight variations are not unusual: the Method section is frequently named Materials and Method, Conclusions may be placed at the end of the Discussion or may constitute a separate section, and the Results and Discussion may also form a combined section.

some social and behavioural sciences, while differences between genres are less marked in the humanities. RAs constitute almost half of the academic output in the area of dentistry (Morales, 2010: 255). Other genres that employ the IMRAD format in dentistry journals are systematic reviews and case series.

Systematic reviews examine bibliographic data banks and identify recent sources on a clinical topic in order to compile all the available information on relevant treatments or procedures and make recommendations concerning best practice. They are among the most frequent genres in dentistry in Latin American countries, where they are characteristically narrative, descriptive and explanatory, whereas in other communities they tend to be predominantly argumentative (Morales, 2010: 259). They also comprise half of my Spanish subcorpus, which appears to follow the same model as in Latin America; however, their characterisation falls outside the scope of this study.

Case series, as their name suggests, report on a number of similar cases. They describe symptoms, treatments and outcomes for “several patients with unusual clinical situations and identify a clinical pearl/wisdom that could benefit future patients”⁷. Case reports are the basis of medical education, but as they cover only single cases most high-impact journals consider them insufficiently objective for publication, although some possess a Clinical Cases section, under that or one of several other names, and certain journals are devoted only to clinical cases. Case reports do not follow the IMRAD scheme exactly, as the Methods and Results are replaced by the Case Report section. Case series often do have an IMRAD structure and are published by a greater number of journals (though not by all), as the larger number of patients studied increases their representativeness.

In dentistry journals, the Discussion section is the part of the IMRAD format in which researchers present the interpretation of their findings, compare their results with those of other researchers and present arguments to support their analyses (it is also the only section in which subjective comment using the first person is permitted, and only by some

⁷ *The Laryngoscope*, ‘Author Guidelines’, Case Reports. In this journal, which does accept case reports, case series are included under the same heading and possess the same structure: “Case reports should describe encounters with one or several patients with unusual clinical situations...”

<https://onlinelibrary.wiley.com/page/journal/15314995/homepage/forauthors.html>, last accessed 15/10/2021

journals). Therefore, the English Discussion (ED) and Spanish Discussion (SD) subcorpora afford the opportunity to examine and compare the use of verb tenses with past reference and impersonal verb forms in a comparable context in the two languages and analyse errors in the ED subcorpus in relation to Spanish usage. Construction errors involving nominal uses of non-finite verb forms and errors in sentence-initial connectors showing logical relationships in the development of the argument in the ED subcorpus may also be related to the influence of Spanish constructions.

2.3. Corpora

Many pages have been devoted to theoretical arguments defending or attacking corpus-driven or corpus-based approaches and discussing whether it is possible to speak of ‘corpus linguistics’ as an independent branch of linguistics rather than a method, or only of ‘language studies using corpora’ or ‘corpus-based language studies’. In theory, corpus-driven studies start with no preconceptions and use very large datasets in order to attempt representativeness. In practice they often reduce the size of the corpus by sampling every nth occurrence, linguists pre-select the queries and insights and descriptors are accumulated through education, so the distinction is fuzzy (McEnery et al, 2006: 8-11; Biber, 2009; Worlock Pope, 2010; Hardie & McEnery, 2010).

McEnery points out that corpora rarely provide explanations, which “must be developed using other methodologies, including intuition” (2006: 121) and that “not all research questions can be addressed by the corpus based approach”. Nevertheless, a corpus of text or speech that exemplifies what language users actually produce can yield reliable empirical data (2006: 6-7). Corpus methods provide objective verification or refutation of subjective perceptions.

A corpus is not a random collection of texts but a sample designed to represent the variety present in a particular language or language variety (a population). In other words, it should cover the range of genres or situations and use appropriate sampling methods so that it is possible to generalise the findings based on it to that population. This applies not only to generalized corpora but also to specialised ones (McEnery et al, 2006: 13-20).

Williams (1999), quoting other authors, considers that specialised material is best kept separate from a general corpus. For high-frequency linguistic features, subsets of 10 texts per genre give reliable results, for lower frequency features the sample size should be increased; while 1000-word samples extracted from longer text have been shown to display the distribution of features reliably, most researchers recommend 2000-word samples or whole texts. For his exploratory study, Williams considered 13,000 to 15,500 words in each subcorpus to be adequate. For McEnery et al (2006: 72), size also depends on the research question: lexical studies require much larger corpora than grammatical studies and corpora for extensive manual annotation are necessarily small. However, if a corpus cannot produce more than a dozen concordances of the feature under study it cannot provide a reliable basis for quantification “though it may act as a spur to qualitative research”.

Saldanha and O’Brien (2013: 74) discuss the advantages and disadvantages of using full texts or text extracts. Text extracts give better coverage since occurrences of new types decrease over the course of a text, extracts of equal length facilitate statistical comparison and stratified sampling can be applied. However, while frequent features are relatively stable across small samples, few linguistic features are evenly distributed throughout the text, particularly if they are rarer, so it cannot be assumed that any part will be representative of the whole.

2.4. Statistical analysis

According to McEnery et al (2006:55), the most commonly used statistical test in corpus linguistics is probably the chi-square test, also known as the Pearson chi-square test, which compares the difference between observed values and expected values. Another is the log-likelihood (LL) test, also called the log-likelihood chi-square/squared test or G-square test, preferred by the same authors as it does not assume that data are normally distributed⁸ and the probability (p) value tables for the chi-squared test may also be used for LL. The likelihood ratio test, sometimes called the likelihood ratio chi-squared test,

⁸ Consequently, LL can be used with smaller amount of text, and allows comparisons of significance in both common and rare features (ibid., p.217).

uses log-likelihood functions (Glen, 2016). However, Fisher's exact test is more reliable if the total is less than 20 or the smallest expected value is less than 5 in a 2x2 table or, in larger tables, if more than 20% of cells have expected values less than 5 or any cell has an expected value of less than 1 (Swinscow, 1997).

A *p*-value close to 0 is highly significant; one close to 1 means that the difference is almost certainly due to chance. Unlike descriptive statistics, which employ normalised scores (e.g. frequencies per thousand or per million words), the analytical statistics tests use raw frequencies and calculate the frequencies proportionally.

2.5. Error analysis

NNS writing, even at a very high level of language competence, differs from that of NS writers in the frequencies of words and structures and in lexical and grammatical errors. Occasional spelling mistakes can be found in both. Some problems and errors in NNS writing can be associated with interlinguistic interference (Granger, 1999) and are therefore more difficult for the authors to detect. Meunier (2002, cited by McEnery et al. 2006: 101) suggests analysing errors in learner language to help students to notice gaps between their interlanguage and the language they are learning.

Differences in frequency (overuse and underuse) can be measured through comparisons of word lists and concordances, but grammatical and lexical errors (misuse) only become evident in context, so must be identified and annotated individually. Error tagging is used to define and distinguish specific error types, which, once annotated, can be searched, analysed and quantified to give writers, translators and editors valuable insights into error-prone categories and help them to forestall likely problem areas. An effective error annotation system should be informative but manageable, reusable, flexible and consistent (Granger, 2003)

Annotating problems or errors for subsequent analysis is a time-consuming manual task. Although several generic error annotation systems and tagsets have been developed, problem-oriented annotation has generally depended on individual research questions and annotation schemes for detecting specific types of errors are typically idiosyncratic (McEnery et al. 2006: 42-43). However, both Dagneaux, Denness and Granger (1998)

(University of Louvain) and Tono (2001) have developed generic error tagsets and error editors and recommend their use to standardise annotation⁹, though the error tag editors appear not to be accessible and the full tagsets are not easy to find¹⁰. Granger (1999) used the 1998 Louvain tagset and Granger (2003) the FreeText tagging system. These are all embedded systems, with tags inserted in line with the text. Standalone annotation systems exist (see Lüdeling et al. 2005) and are even recommended, but are more complex and are not supported by current corpus exploration tools (McEnery et al, 2006: 44).

Error tagging is also laborious intellectually, and some degree of subjectivity and choice between alternatives is inevitable, as pointed out by several authors. They include Granger (2003), who considers that “the very notion of error is far from clear cut” and quotes Milton and Chowdhury’s (1994: 129) observation that “Tagging a learner corpus allows us, at least and at most, to systematize our intuitions”. For this reason, she draws a distinction between misuse, identified through the fuzzy process of error analysis, and other aspects of interlanguage such as underuse and overuse, where automatic processes can be used to compare the frequency of words or structures without the need for error tagging.

2.5.1. Some definitions related to error analysis

I have used Granger’s (1999) GVT (tense), GVNF (finite/non-finite), GVM (morphology) and GVV (voice) subcategories of the GV (grammatical errors affecting verbs) category and her (2003) L (lexis) category for use with connectors. Her articles do

⁹ Tono (2003): "Tono et al (2001) & Izumi (in this workshop) have developed a generic error tagset and an associated editor. Sharing such tools will better facilitate the standardisation of corpus annotation in the future." I have not found either of the tools that these authors developed.

¹⁰ The Louvain error tagging editor, stated to be available online at the time of publication (1998), is no longer at the site mentioned and its current location has evaded my detective skills. The Louvain tagging manual was also originally available online but version 1.3, dated 2008 and last modified in 2019, is now a working paper available only to members of the University of Louvain. The licence fee for non-profit educational uses of the International Corpus of Learner English (ICLE) includes the ICLEv3 web interface and handbook but, judging from the online trial, the corpus is not error-tagged and there is no indication that the handbook might include error-tagging guidelines (see <https://corpora.uclouvain.be/cecl/icle/home/> and [/trial](https://www.i6doc.com/en/book/?GCOI=28001105280390), and <https://www.i6doc.com/en/book/?GCOI=28001105280390>).

not define these categories, so before proceeding further, it may be advisable to explain what I understand by these codes and how I have used them.

The **non-finite** verb forms are infinitives and participles. In English, the infinitive is composed of ‘to’ and the base form of the verb¹¹ while the participles are the -ING and -ED forms. The -ING form (traditionally known as the ‘present participle’) is the same form as the gerund, which is the noun derived from a verb, and many -ED forms (traditionally the ‘present participle’) coincide with adjectives.

The passive **voice** inverts the subject and object of the active voice of a verb without changing its factual meaning, fronting the grammatical subject at the expense of the agent. A very high proportion of English passive sentences have no expressed agent, as the doer is unimportant, unknown or too obvious to mention. Focusing on the process or results by placing them first (fronting the new information) and concealing the ‘unimportant’ person performing the action (the agent) are typical of English scientific writing (Crystal, 1991; Quirk et al, 1989; Chalker, 1992). Verb constructions “which lack person contrast” are called **impersonal** (Crystal, 1991). In English, the impersonalisation mechanism is (almost?) exclusively the agentless passive. For Spanish impersonal constructions, see 2.8 below.

Morphology errors are deviations from the correct form. In the context of my ED subcorpus and research queries, I use it to signify errors in forming compound verbs. I do not distinguish between typing mistakes and unawareness of the correct form: “has been found”, “did not found correlation”, “be affect by age”, “implants were subject to a static fatigue test” instead of “subjected to” are all morphology errors.

Disjuncts and conjuncts, also known as sentence adverbials, are placed at the front of the sentence, though not necessarily at the very beginning, and their meanings overlap to some extent with each other and with conjunctions. Disjuncts are sentence adverbs that reflect the writer’s attitude. Conjuncts or connectors, which include some adverbs and some phrases, “signal a meaning connection” between sentences, connecting a new sentence with something that has preceded (Chalker, 1992: 190, 195, 209-210). The **sentence connector** errors I have been investigating are confined to ones that show the

¹¹ Although ‘to’ can be omitted in certain cases: ‘She helped him do it’ is equivalent to ‘She helped him to do it’

direction of the argument (e.g. addition, restatement, agreement, contrast, concession, result/consequence, conclusion), rather than sequence of events or enumeration, and to misuse or over- or underuse, not register or style.

2.6. Comparing verbs in English and Spanish

Newmark's classification of scientific texts (1981), cited in Williams (1994), considers them typical examples of texts with an informative function, using a factual type of language, with "considerable use of the third person, past tenses (present tenses in French), multi-noun compounds, passives". Newmark (1979) pointed out that the medical translator has much more freedom with grammar than lexis and

must be ready to exercise it. [...] Grammar can be recast at the word, group, clause, or sentence level. [...] French infinitives often become English gerunds [...] French relative or adjectival clauses often become English present participles, while source language "empty" verbs (to form, exist, rise,) are deleted in the context. Thus *les meilleurs résultats obtenus (or qu'on a obtenus) dans cette expérience* – "the best results from the experiment."

Spanish and French belong to the same language family and these observations might also apply to Spanish-English comparisons.

Because English prefers coordination and chronological order (in contrast to the Spanish tendency to subordination), it requires past tenses for actions, events and circumstances that are time-bound (associated with time references) or viewed as past, but can choose between past simple and present simple for findings/facts and attitudes with current relevance. For generalisations or results of a specific study that have become accepted knowledge, both languages use the present. Active infinitives and gerunds in Spanish often translate into finite forms in English when the main verb is passive (Williams 1994).

Williams (2011), self-citing a previous contrastive study (Williams, 2005), revealed differing English and Spanish attitudes to reporting research: the English distinguish between the performing of the study (past tense. The study showed) and the act of writing or publication (present tense: This report describes)", while Spanish Discussion sections view the research process as a whole "as illustrated by the word *trabajo*: ("literally 'work'

but more usually ‘study’, ‘report’, ‘paper’ depending on the context)” and use the present tense more, signalling “relevance to the ongoing development of the argument”.

For English present and past tenses, Swales (1990: 135) cited Heslot’s (1982) examination of tense and voice in the four sections of RAs from the journal *Phytopathology*. In the Discussion (D) section, Heslot found 48.5% simple present, 39% simple past and 83.5% active voice (percentages rounded). The combined percentages of these two main tenses constituted 87.5% of the total tenses in this section. The even higher percentages in the other sections suggested that other forms “such as the Present Perfect and modal complications” occur mainly in the Introduction and Discussion. Evidently, botany is not dentistry or medicine and the percentages might be different in a different discipline. Comparing finite verb profiles in the Spanish source and English target language texts of two medical articles, Williams (1994) found that in the Dissertation sections, Spanish made greater use of the present and of perfectives than English (and that overall, 38% of English lexical verbs were in simple present and 62% in the simple past tense). Noting shifts from Spanish present to English present perfect and from Spanish present perfect to English past simple, he pointed out that Spanish can use the present perfect to report current research in a series of actions, viewing the actions as linked, whereas English cannot, “except possibly for the first action if its immediacy is explicit (I have just been to a conference. I went to three lectures)”.

A number of the shifts in tense use mentioned by Newmark and Williams in the works cited above are found in the error corrections in my ED subcorpus and the comparative frequencies of tenses they observed provide useful comparisons to gauge whether those in my two subcorpora lie within a similar range.

In a study of tense use by advanced EFL [English as a Foreign Language] learners, Granger (1999) reported that tense errors were the second largest subcategory of verb errors and showed the lowest progress rate. She found the greatest number of wrongly selected tenses in the simple present and the simple past. This could have been due to the higher frequency of these tenses in English, but on comparing intermediate and advanced learner errors, they also proved to be the tenses with the lowest improvement rate. Examination of the direction of the errors indicated that French learners of English were more likely to use a simple present in place of a simple past than the opposite error. She

considered that many of the French speaking learners' tense errors are due to two causes. Since the errors are not errors if taken out of context, the first of these causes is a sentence level approach, disregarding coherence and the cohesive force of tenses, combined with an over-emphasis on associating adverbial markers with specific tenses in English language teaching. The second is L1-L2 (native – learned language) discrepancies in the time interval covered by the tenses in the two languages and in their attitude to process and result (French tenses express the result of a process while English tends to make the process explicit). Both explanations appear to hold good for the Spanish L1 writers of my ED texts, as discussed in 5.1.

Williams (1994) also noted the tendency in English to use active verbs with inanimate subjects (*los resultados se observan en la tabla 1* becomes 'Table 1 shows/gives the results') "when the verb expresses an inherent aspect or function of the subject", as previously observed by Master (1991), which also fits in with the English preference for more concise expressions. This attribution of agency to objects is not found in Spanish.

2.7. Passives and impersonal forms in Spanish

Marcos Marín (1980-1986: 289-291) quotes Américo Castro (*La enseñanza del español*, p.440 ff) at some length on the Spanish attitude to the passive which, like in Latin, is strongly resisted because "we are much more interested in the activity of an agent than in the receptivity of the patient"¹². Through resistance to the impersonal character of phrases such as *littera scribitur*, 'the letter is written', or *hoc dicitur*, 'that is said', the classical Latin expression of the object receiving an action, which can only happen in the 3rd person, became *littera se scribit*, *hoc se dicit* in vulgar Latin, assimilating them into reflexive constructions as though the objects were persons [not dissimilar to 'Table 1 shows...' above]. Analogy has expanded the possibilities of these constructions, the original sense of an object performing an action has evaporated and the impersonal sense of the sentence has predominated. The *se* can be perceived as a subject (hence **se está contento*, **se lee libros*), through influence of the French *on*, a true subject (derived from

¹² All translations of Spanish authors in this section are mine.

homo); which *se* is not (and should not be used as such. Current Spanish uses *uno* in these cases, Castro says).

For this reason, Seco (1989: 122) makes a point of distinguishing adjectives from participles in these constructions: the verbal element is a participle (and is passive) if it can be transformed into an active construction. Confusingly, Seco classes the passive voice (the *pasiva refleja* or reflexive passive – which is not a reflexive) as active, as opposed to passive constructions, which use auxiliaries in the same way as English passives. Hence, *Los diecisiete jugadores han quedado seleccionados* is a passive construction and is passive while *Se seleccionó a los diecisiete jugadores* is passive voice and is active, but both mean that the sixteen players have been selected. Marcos Marín calls the passive construction with an auxiliary the analytical passive (*pasiva analítica*).

The passive with *se* has been translated by different authors as pseudo-passive (Williams, 1994), passive *se* construction (Butt, 1996: 64, 73-74) or passive with *se* (Schmitt, 1989. 119-120). Butt (1996: 64) recommends that Spanish L2 learners concentrate on the passive *se* construction. as it is much more common, while the passive with *ser* is used only in writing and an active construction is usually preferable.

However, the Spanish Royal Academy of the Language (RAE) makes a further distinction between the *pasiva refleja* (passive reflexive) and impersonal sentences (*oraciones impersonales*), also referred to as reflexive impersonals (*impersonales reflejas*).

In the passive reflexive (*pasiva refleja*), *se* precedes a verb in the third person, singular or plural depending on the number of the noun element that is the subject of the verb: *Se vende casa de campo / Se venden casas de campo* (house / houses for sale). Being a form of passive, this construction can only occur with transitive verbs. The subject is usually an object but can be an indeterminate person: *Se buscan actores para la película* (actors sought for film).

Reflexive impersonal sentences lack a grammatical subject and the verb preceded by *se* is always in the third person singular. They can occur with intransitive verbs (*Se trabaja mejor en equipo* – ‘It’s better working as a team’), copulative verbs (*Se está mejor solo que mal acompañado* – ‘Better alone than in bad company’) or transitive verbs, in which case the construction includes a personal direct complement preceded by the preposition

a (Se busca a los culpables del crimen – ‘Those responsible for the crime are being sought’ / ‘The search is on for those responsible for the crime’).

The explanations of the passive *se* (Butt, 1996) or passive with *se* (Schmitt, 1989) construction appear to combine both of these types, as do the earlier descriptions of the reflexive passive referred to above. Indeed, the function of both is to omit the agent and emphasise the action and its object. To avoid confusion, and because it responds better to the reflexive impersonal definition, I have called the *se* construction I was searching for in the time reference and impersonal categories the ‘*se* impersonal’.

3. METHODS

3.1 The corpus

3.1.1 Selection and classification

The corpus consists of two subcorpora of Discussion sections drawn from the original source texts of 22 articles written in Spanish by native speakers (NS) between July 2015 and November 2017 and 21 articles written in English by non-native speakers (NNS) between June 2015 and September 2018. These dates place both subcorpora within the same time frame, extended to the end of the academic year in the case of the English articles in order to achieve an approximately equal number of texts.

The authors were post-graduate students and lecturers from Dentistry departments of two Spanish universities. In the course of my professional work, I received their articles in electronic format for English language copy editing (the group from one university) or translating into English (the group from the other university) in preparation for submission to dentistry journals.

The criteria for inclusion in the corpus were availability, comparable dates and number of articles, electronic format and IMRAD (Introduction, Materials and Methods, Results and Discussion) format. The exclusion criteria were texts that had been changed, to any degree, following observations or recommendations by peer reviewers.

In case it should prove relevant, and based on the information they provided, I classified the research article (RA) study types into the following subgenres: cross-sectional/cohort studies (CSS), case-control studies (CCS), case-control clinical trials (CCT), in vitro experiments (RA(ex)), survey/outcomes research (RA(sy)). The other genres that employed the IMRAD format were case series (CS) and systematic reviews (SR).

After classifying the articles by genre and subgenre I ran word counts on each Discussion section file in a text editor (Notepad++ 64-bit v.8.1.4) and a word processor (Word, Microsoft Office Professional 2013 v.15.0.5381.1000). I have used the text editor results for coherence with the overall word counts of the merged .txt format files used in the concordance searches.

3.1.2 Permission

I requested and received permission from the groups' supervisors or directors (who had commissioned the translations and editing work) to use extracts from the original papers and my translations and edited texts for linguistic research for my Master's dissertation (Trabajo de Final de Máster Investigador or TFM). My request stated that I would anonymise the extracts, identifying them by codes, and would confine the length of the fragments to illustrating the phenomena studied so that the original texts could not be reconstructed.

One of the Directors advised me to seek permission from the Journals in question, probably because I mentioned the translated and edited versions as well as the originals. I have included information on copyright and journals in Appendix 6.

In the event, however, the texts I have analysed are not even the pre-peer-review translated or edited versions — which in any case usually undergo modifications, on occasions substantial, before being published — but the original, unedited or untranslated texts. For the error analysis stage of this study, I consulted the edited English texts for reference and suggestions, but since the corrected forms in the error analysis are intimately bound to the individual errors, they frequently differ from the solutions adopted in the edited texts, where I had reworded and reorganised constructions and lexis to achieve natural flow and cohesion.

3.2. Corpus preparation

Further reasons for choices of tools and more information on procedures and tagsets may be found in Appendices 1 and 2.

3.2.1. Format conversion and file merging

After extracting the Spanish and English Discussion sections to individual files in word processor format (.docx, Word, MS Office), I used a text editor to convert them to plain text format (.txt, encoded as UTF-8 without BOM¹³ by Notepad++) in preparation for

¹³ The byte order mark (BOM) is a number that appears at the start of a text stream. Its use is optional and its presence interferes with the use of UTF-8 by software that does not expect non-ASCII bytes at the start of a file.

Part of Speech (POS) tagging. I removed any Conclusions included in the Discussion sections and ran word counts on all the files in the same plain text editor, then prepared merged versions of the ED and SD .txt files (English and Spanish Discussions, respectively and also of the English edited Discussion sections in .docx format (see Appendix 1).

3.2.2. Linguistic annotation

The computer software programs I used for POS tagging were TagAnt Version 1.2.0 (Anthony, 2015) in horizontal mode to batch process the individual ED .txt files and FreeLing version 4.0 for Windows (2014; Padró and Stanilovsky, 2012) to process the merged Spanish .txt file. I used both of these programs because of the values identified by their respective English and Spanish tagsets — the sets of Part of Speech (POS) codes that the program applies (see Appendices 1 and 2). The reason for using the merged SD file was the absence of a batch processing option in the FreeLing program. TagAnt's horizontal mode shows the POS placed after the token¹⁴ and joined to it by an underscore¹⁵. The only option in this version of FreeLing running under the Windows 7 operating system is the vertical mode, which displays one word per line in tag-separated token-lemma-POS-probability format in its .txt file and all four elements, on the same line within their context, in the concordancer window.

3.2.3. Corpus mark-up

After POS tagging, the following step¹⁶ was documentary tagging, also known as textual, contextual and bibliographic markup, metadata tagging or corpus mark-up. This is the process of inserting corpus and text identification information. Several schemes have been developed; the most influential are TEI and CES (McEnery et al. 2006: 23). The CES web site states that the two general uses for markup schemes are local processing

¹⁴ The term 'token' is used because POS tags are applied not only to words but also to numbers, dates, acronyms, codes, symbols and punctuation.

¹⁵ TagAnt also offers a vertical mode showing one word per line as tab-separated token-POS-lemma. However, McEnery et al (2006:36) consider that as English has simple inflectional morphology, lemmatization may be somewhat redundant and few English corpora are lemmatised. For the features I was investigating, lemmas might have reduced the number of searches but were not essential. In addition, they extend the length of the strings found by concordancers, reducing the legibility of the output and the visibility of the context.

¹⁶ Some POS taggers can recognise XML/SGML tags, in which case the order of mark-up and annotation are reversed, but both TagAnd and FreeLing identify them as symbols and words and tag them accordingly, so prior mark-up would require far greater subsequent processing.

and data interchange and that CES is intended for data interchange. Although McEnery et al (ibid: 75) consider that “specialized corpora which use homogeneous data” need only “basic textual information” mark-up, such as sentences and paragraphs, I used Notepad++ to insert TEI Lite mark-up manually into the merged .txt files in case it proved useful, and to begin to learn how to apply it. I omitted sentence mark-up since the POS tagging process had already provided punctuation marking. However, it would be easy to replace the POS punctuation tags with XML tags or use them in a find and replace function to insert sentence opening and closing tags. For instance, Notepad++’s Replace function in Extended Search mode, which allows line changes to be included in the find and replace strings, was of great assistance for inserting the TEI tags.

3.2.4. Problem annotation (error tagging)

Errors frequently involve the interaction of several aspects, such as choice of verb, word order, prepositions, confusion between different constructions and semantic nuances. As noted by S. Conrad (1999), “corpus-based studies can address the interactions of many aspects of a grammatical feature, [which] can all be analysed together”. For this reason, my tags, particularly in the non-finite category, tend to enclose longer sequences than those exemplified in McEnery et al (2006: 253-255) or Granger (1999, 2003).

Annotating problems or errors for subsequent analysis can only be performed manually (see section 2.4). The first hurdle, as for POS tagging, is which tagset to use. In view of the very different systems documented in the bibliography, I adapted my own system from Granger (1999) and McEnery et al (2006: 253-255).

I adopted Granger’s (1999) GVT (tense), GVNF (finite/non-finite), GVM (morphology) and GVV (voice) subcategories of the GV (grammatical errors affecting verbs) categories, omitting GVN (concordance) and GVAUX (auxiliaries), and added Granger’s (2003) L (lexis) category for use with connectors (see 2.5.1). From McEnery et al (2006) I adopted the html-type start and end tags format and placing the ‘correct form’ (CF) inside the start tag. However, I considered that since CF already shows the presence of an error, placing ER at the beginning of each start tag and /ER at the beginning of each end tag was superfluous. The inclusion and exclusion criteria are detailed in 3.3.2. Problem Annotation.

Once I had defined the type of error annotation I would be using, reading and introducing tags manually was a simple process, albeit time-consuming. It also allowed me to revise my system and correct previously inserted tags as I advanced. This occurred when I decided to insert three dots within the GNVF tags to indicate where the noun phrase should be placed between ALLOW and the infinitive.

It also occurred when I applied the GNVF category without CF to all constructions with ALLOW, whether non-finite or not, and the L category to all sentence-initial connectors, in order to quantify the correct uses of these categories as well as the erroneous uses and calculate the error rate. For GVT and GVV, concordancing had already provided quantitative data.

In addition, on one occasion I approximated a stratified annotation system by embedding one tag within another, as follows: ‘Even though periapical x-ray did not show enough accuracy to precisely determine the peri-implant defect characteristics, it <GVNF CF=allowed <NP> to be identified><GVT CF=allowed/did allow>allows</GVT> allows identifying the supracrestal and intrabony components</GVNF>.’ (ED02).

Error-tagging a word processor format document rather than plain text made it possible to highlight the error annotations in order to compare these passages with my edited text, facilitating decisions on the corrections to insert and analysis of the errors.

Granger’s (2003) distinction between misuse and other aspects of interlanguage (see 2.4) is important, as error tagging while reading the text (rather than only searching for individual words or POS strings) revealed non-finite errors of possibly similar aetiology and calques and unexpected phrases used as connectors that would not have come to light in predefined searches.

Moreover, identifying the sentence-initial connectors automatically through the POS tags alone would have been more complicated than manual tagging because of the absence of multi-word expression recognition in TagAnt. For instance, while ‘Indeed’ and other single-word sentence adverbs are tagged `_RB` (adverb), ‘In fact’ is tagged as `In_IN fact_NN` (in + noun), ‘On the other hand’ as `On_IN the_DT other_JJ hand_NN` (in + determiner + adjective + noun), and so on. Consequently, these would require a predefined list and a number of different searches. It would also have been necessary to

discriminate manually between RB-tagged connectors and other adverbs (as in ‘Once exposed’ or ‘Palatally impacted’ in Figure 1).

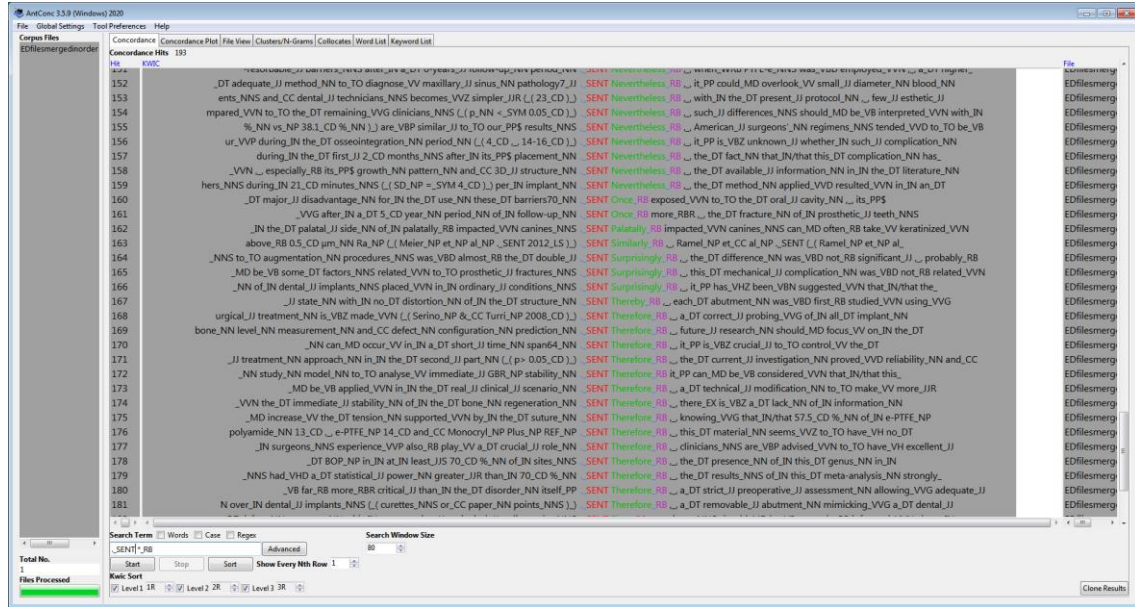


Figure 1. Some sentence-initial adverbs are not connectors

3.3. Searches

3.3.1. Concordancing: tenses and impersonal verb forms

The software program I chose for concordancing was AntConc version 3.5.9 (Anthony, 2020). The POS queries (search strings and sort positions) I used may be viewed in Appendix 3, the Spanish section of which also shows the TagAnt equivalents and tense translation suggestions. The tenses (in the broad sense) that I searched for were:

- In English: Present (for past continuing into the present and for generalisations), past, present perfect, past perfect, the passive forms of all of these and the continuous forms of each of the past tenses.
- In Spanish: Present (for the same purposes as in English), preterite, imperfect, perfect, pluperfect and preterite perfect/anterior preterite, the passive and se forms of all of these except for the preterite perfect and the progressive forms of each of the past tenses.

3.3.1.1. English

AntConc allows batch concordancing. I first batch-searched the individual ED .txt files for all tenses with past reference, including the present tense (and periphrases such as *is / are not in agreement* for *agrees/agree*), verb forms divided by *not* or time adverbs, and progressive and passive forms. In some cases it would have been possible to unify searches using the AntConc wildcard `?`, meaning ‘any 1 character’ — as suggested by McEnery et al. (2006:231) — but it was quicker to perform the search than to calculate which strings could be treated in this way. Also, the fewer results per search were probably more manageable than if they had been combined.

As well as the relevant TagAnt POS tag strings, in a number of searches I used left and right position sorting to highlight words in the immediate context that might modify the results of the POS-only output. In the past simple, for example, although past and past participle have different tags, in practice a number of instances of compounds with the verbs BE and HAVE had to be distinguished manually. In the present tense, the distinction between the present moment of the enunciation and past continuing into the present also required manual identification.

3.3.1.2. Spanish

For the reason explained in 3.1.3.2, I used the FreeLing-tagged merged SD .txt file for the Spanish tense searches in AntConc, again including the present tense and distinguishing its ‘past continuing into the present’ meaning manually. Sorting *se* impersonal forms (Williams’ (1994) ‘pseudo-passive’) from pronominal verbs or reflexive uses of this pronoun was also necessarily manual. Since negative particles and adverbs of time are not placed between the auxiliary and main verbs in Spanish, no repetition of searches was required to account for these constructions. However, because the FreeLing format includes lemma and probability, I needed to use the AntConc wildcard `#` (meaning ‘any 1 word’), to indicate the number of positions these occupy between tokens in the search string.

3.3.2. Problem annotation in English Discussion sections

The error annotation criteria were as follows:

- Verbs: not modal uses, not concordance or word order errors (e.g. “no alterations was observed”, “has been recently used”), not choice of verbs, not register or style.
- Tense: only forms with past reference, including combinations of tense and voice (passives) and pronoun *se* and tense (Spanish). Combinations of tense and aspect (progressive forms) would also have been included had the corpus contained any.
- Impersonal or not: only if impossible in the original context.
- Morphology: only for the tenses studied.
- Non-finite: errors involving the infinitive (TO + base form) or present participle/gerund (-ING form) of the verb.
- Lexis: only sentence-initial connectors showing the direction of the argument, not a sequence of events (e.g. “X did y. In addition, they did z”) or enumerators such as “firstly, secondly” or “for example, and only misuse, not register (e.g. *basically, still, besides*) or style (overuse of the same connector).

In a preliminary trial I used the Notepad++ Find function on the merged .txt file without POS tags to extract lines containing the search terms: ‘allow’, ‘enable’ and ‘permit’, and ‘make’ and ‘made’ in order to find ‘make(s)/made possible’. I copied the output to a separate .docx file in order to highlight the search terms, which is not possible in plain text editors. Passing from one highlighted term to the next, I marked the erroneous sequences as <ERR>, eliminated the superfluous context and identified the individual discussions in which they occurred in case a pattern might emerge (by authors or by date).

In the definitive error tagging procedure I omitted the Notepad++ search step and marked the error categories on the merged ED .docx file without POS tags. Rather than use the search function, I marked each instance of the features under study in turn as I read the full text of the discussions, starting with tenses (and associated impersonal and morphology problems), then non-finite constructions and, finally, connectors. In the GVNF subcategory the focus was on correcting constructions rather than word choices. In the non-finite (GVNF) and connector (L) categories, I tagged both correct and incorrect forms involving ALLOW and connectors in order to calculate the respective error and accuracy rates. This was not necessary for tenses or impersonal forms, as the total with past reference had already been quantified by the concordance searches. For the other

non-finite errors encountered while reading the full text, I only tagged the errors and their corrections. I did not correct any errors that did not belong to the study categories.

For all the study categories, I consulted the errors in the edited pre-peer-review text and their respective corrected forms. Where the corrected forms fitted the original context I inserted them, but rewording or reordering had frequently altered the edited text too much for this to be possible, in which case I inserted appropriate corrected forms for the original context of each error.

3.4. Statistical analysis

When comparing corpora of different sizes, the normalised frequency provides a common base (such as frequency per thousand words, or ten thousand, or per million, depending on the size of the corpora) for descriptive statistics such as comparative percentages. For instance, five cases out of five is a far higher proportion than five out of fifty, so it would make no sense to say that both numbers are five and therefore there is no difference between them. The normalised frequency per thousand words is calculated by dividing the raw frequency of the item of interest by the total number of words in its subcorpus and multiplying by one thousand.

For the analytical statistics I used statistics software (SPSS v.28.0.0.0 (190) IBM) to conduct the chi-squared test in accordance with the instructions given by McEnery et al. (2006: 235-238) to test the null hypothesis¹⁷ and calculate the significance of differences between the ED and SD subcorpora. Where appropriate (see section 5. Discussion) I also selected an exact test. These tests provided overall significance values for the variables ('time reference' and 'impersonal'), so a further step was required to ascertain which of their components differed significantly. A number of conflicting recommendations in statistics forums led me to the Chi-square post-hoc testing method in SPSS posted by how2stats (2014), which is based on adjusted standardised residuals and the Bonferroni Correction and avoids the need for repeated paired testing.

¹⁷ The null hypothesis is that there is no difference in the use of tenses and impersonal forms of the verb between the English and Spanish Discussion sections (ED and SD, the two values of the 'subcorpus' variable). The alternate hypothesis is that they do differ.

For the chi-square test and post hoc test (and the other tests the statistics software calculates automatically when the chi-squared test is chosen), the program uses the raw frequencies (which are the arithmetic counts, the actual numbers observed) and calculates the frequencies proportionally. A p -value close to 0 is highly significant; one close to 1 means that the difference is almost certainly due to chance. At the 95% confidence interval (CI), the significance level is $p \leq 0.05$, meaning that if p values are at or below that figure we can be 95% certain that the result has not occurred by chance.

In the SPSS v.28 statistics package, selecting chi-square calculates the likelihood ratio automatically but, contrary to the information provided by McEnery et al. (2006:55) — possibly because they used an earlier version of the software — not the log-likelihood, nor the Fisher exact test except for 2x2 tables. However, the Exact test option can be selected if necessary within the Cross-tables option and the likelihood ratio test (or likelihood ratio chi-squared test) uses log-likelihood functions¹⁸.

The error rate is computed by dividing the frequencies of incorrect forms by the total of correct and incorrect forms. Its opposite is the accuracy rate, for which the correct forms are divided by the total; the state of acquisition is expressed as ‘% correct’ (McEnery et al, 2006:260). However, since the emphasis in this study is not on learner progress but on the production of a text that will read naturally as equifunctional within a specific genre and discipline, the error rate is probably of greater interest.

¹⁸ A search for log-likelihood in the program’s tutorial finds the following explanations: “The likelihood ratio test is a test of the sufficiency of a smaller model versus a more complex model. The null hypothesis of the test states that the smaller model provides as good a fit for the data as the larger model. If the null hypothesis is rejected, then the alternative, larger model provides a significant improvement over the smaller model.” (<https://www.ibm.com/docs/es/spss-statistics/SaaS?topic=measurements-likelihood-ratio-test>) and “The likelihood ratio tests check the contribution of each effect to the model.

- For each effect, the -2 log-likelihood is computed for the reduced model; that is, a model without the effect.
- The chi-square statistic is the difference between the -2 log-likelihoods of the Reduced model from this table and the Final model reported in the model fitting information table.

If the significance of the test is small (less than 0.05) then the effect contributes to the model.” (<https://www.ibm.com/docs/es/spss-statistics/SaaS?topic=model-likelihood-ratio-tests>)

3.4.1 Tenses and impersonal verb forms

After sorting the concordance lines of the present tense searches manually to quantify ‘past continuing into the present’ and ‘present followed by citation’ from other uses, I quantified the raw frequency identified by concordancing for each of the other tenses and for passive or impersonal forms in English and Spanish. Using a spreadsheet (Excel, MS Office), I aligned equivalent tenses in the two languages and calculated their normalised frequencies per 1000 words and the percentages of passives and *se* impersonalisation to total tenses with past reference.

To compare the subcorpora through statistical analysis, I grouped the tenses into four ‘time reference’ variable values: ‘past in present’ (present tense with past reference), ‘past’ (English past, Spanish imperfect and preterite), ‘perfect’ (English present perfect, Spanish perfect [*pretérito perfecto compuesto*]) and ‘pluperfect’ (English past perfect, Spanish pluperfect and preterite perfect/anterior preterite). For impersonal verb forms, the ‘impersonal’ variable contained two values: ‘passive/*se*-impersonal’ and ‘not passive/*se*-impersonal’.

To analyse the tense errors in the ED subcorpus, I quantified the errors and calculated the error and accuracy rates as percentages of tenses with past reference. I classified them by original and corrected tense and summarised these as ‘Requiring less precise positioning in the past’, ‘In present/indefinite past demanding past/definite past’ or ‘In past demanding present’.

I also quantified the impersonal errors in the ED subcorpus (passive voice or not passive), calculated their error and accuracy rates as percentages of the tenses with past reference, classified the direction of the errors and considered the possible causes of these and the verb morphology errors.

3.4.2. Non-finite errors

I quantified the occurrences of ALLOW and its synonyms, classified the errors with ALLOW by the incorrect constructions associated with it and calculated the error and accuracy rates.

For other non-finite errors, I quantified and classified each case and considered possible explanations and alternatives but did not mark correct instances or calculate error rates.

3.4.3. Connectors

I classified the errors in this category by their correction to different connectors or elimination (corresponding to the *misinformation* and *overuse* types explained by McEnery et al, 2006:255), and calculated the error and accuracy rates.

4. RESULTS

4.1 The corpus

The corpus consists of 21 Discussion sections in English, written by non-native speakers (NNS) and 22 Discussion sections in Spanish, written by native speakers (NS), comprising two comparable subcorpora, respectively labelled ED and SD (McEnery et al., 2006: 47-48)¹⁹. I have not taken the diatopical variety of English into account, as it is not relevant to the research questions.

The field is biomedical, specifically dentistry, and the genres are research articles, case series and systematic reviews. I have not attempted an analysis by genres and subgenres, as the number of articles and words in each subgenre of the two subcorpora is insufficient to warrant comparison of the features under study, particularly since three of the seven subgenres are absent from the SD subcorpus and one (systematic reviews) is heavily over-represented (Table 1). In both languages, however, they share the IMRAD format and formal register required for publication in international dental journals and could be considered examples of a Research report superordinate genre within the supergenre of academic prose.

Table 1. Number of articles and mean words per Discussion section in each genre and subgenre

	CS		CSS		CCS		CCT		RA(ex)		RA(sy)		SR	
	A	W	A	W	A	W	A	W	A	W	A	W	A	W
ED	2	675.5	6	1166.17	3	929.33	0	0	7	875	1	699	2	857
SD	0	0	6	1100.17	0	0	1	1054	2	966	2	931	11	1356.82

ED English Discussions, SD Spanish Discussions. CS case series, CSS cross-sectional/cohort study, CCS case-control study, CCT case-control clinical trial, RA(ex) in vitro experiments, RA(sy) survey/outcomes research, SR systematic review. A articles, W mean word count in text editor.

After removing the Conclusion paragraphs included in some of the Discussion sections, the total length in words, counted in the text editor, is 26,374 for the 22-text SD subcorpus

¹⁹ There is some confusion over the terms *comparable* and *parallel* corpus for different types of paired corpora. See McEnery et al., 2006 and Saldanha and O'Brien 2013: 67.

and 19,852 for the 21-text ED subcorpus²⁰. The sentences number 1216 in SD and 891 in ED. The individual Discussion section files range in length from 596 to 1370 words in English and from 584 to 2028 words in Spanish. The mean individual length of the Discussions is 945.19 words in English and 1198.82 in Spanish, in line with the normal 10%-15% rule of thumb difference in length between the two languages.

At 19,852 words in ED and 26,374 words in SD, the subcorpora are not sizeable, but this is a specialised corpus and they are larger than the 13,000 to 15,500 words in each subcorpus used by Williams (1999) and approximately equivalent to the 10 samples of 2000 words each recommended by other authors. They were written by a number of different authors, represent different genres and subgenres of articles in IMRAD formats in different areas of knowledge in the field of dentistry and have produced more than the dozen instances of the features under study that McEnery et al (2006: 72) consider the minimum basis for quantification.

The level of English of the group writing in this language was variable but generally high; terminology seldom presented any problems because the authors are experts in their fields and read scientific and academic publications in English, though there was some confusion between American and British spelling and punctuation. While diatopic variance is an important difficulty for NNS writers, it lies outside the scope of this study.

The subcorpora are not annexed as the terms of the permissions requested would not allow their publication in full (see 3.1.2. Permission), in the University's repository, for instance, but I believe it would be acceptable to submit them separately to the examiners if requested. Concordance screenshots, plain text output and error analysis excerpts are attached as Appendices 4 and 5.

4.2. Time reference and impersonal verb forms

4.2.1. Concordance and Statistical Results for both subcorpora

Concordance screenshots (English) and plain text output (Spanish) are shown in Appendix 4.

²⁰ However, the individual ED text file lengths add up to 19,849 words; this discrepancy might be due to correction of missing spaces in the merged file

4.2.1.1 Concordance and descriptive statistics

The raw and normalised frequencies of each of the tenses with past reference in both languages and their passive voice and Spanish *se*-impersonal use are shown in Table 2, together with their grouping into four time reference groups. Figs. 2 and 3 show the distribution of the four time reference groups by subcorpus and of the subcorpora by time reference group, compared by normalised frequency.

Table 3 summarises the frequencies and percentages of the impersonal forms (English passives and Spanish *se*-impersonal; the SD concordances returned zero results for all the passive search strings). No progressive forms were found in either of the two subcorpora.

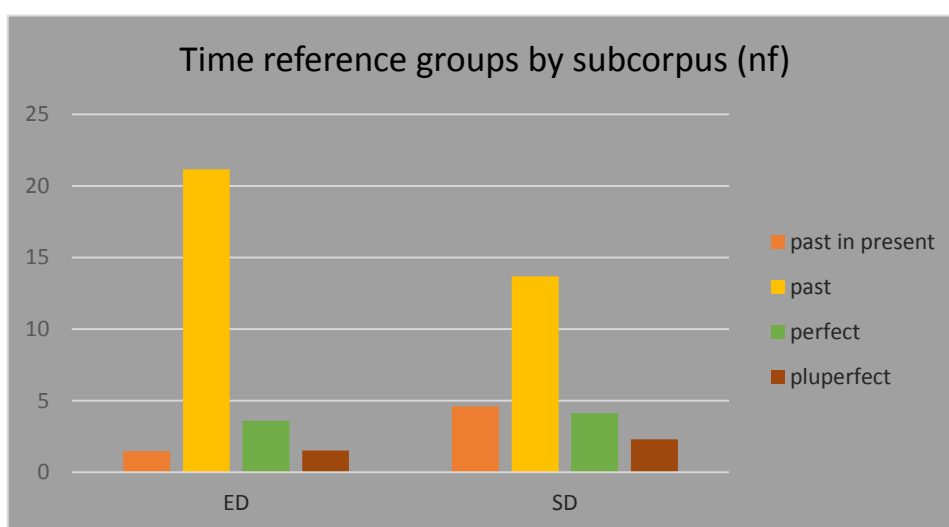


Figure 2. Time reference groups by subcorpus (nf)

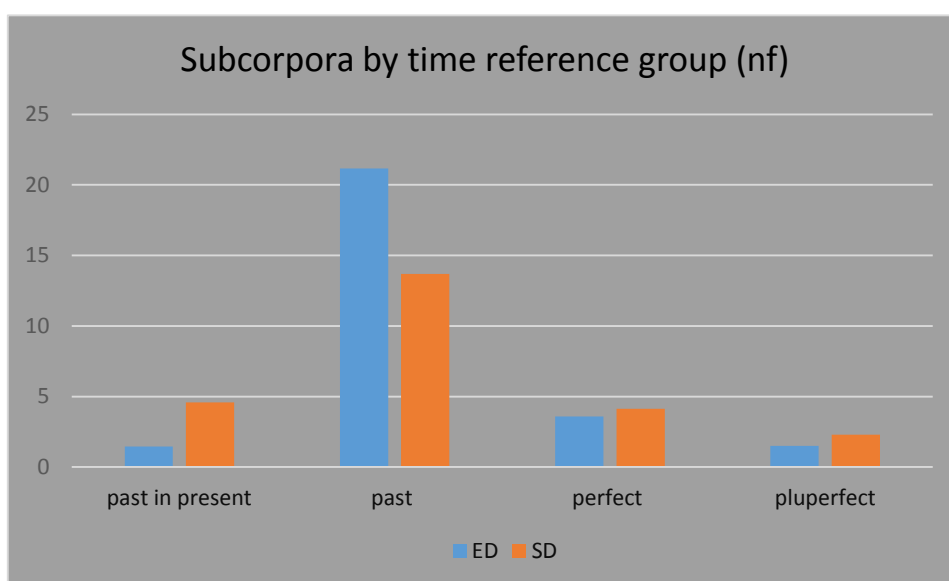


Figure 3. Subcorpora by time reference group (nf)

Table 2. Tenses with past reference

ED corpus size: 19852 w		rf	nf	SD corpus size: 26374 w		rf	nf
Present (past cont'g in pr)	active. lexical + non-aux BE	26		Present (past cont'g in pr)	w/out <i>se</i> + <i>se</i> other	98	
	passive. <i>is/are</i> (not) (adv) -ED	3			<i>se</i> impersonal	23	
	Total Present	29	1.46		Total Present	121	4.59
Past simple	active. lexical + non-aux BE/HAVE	325		Preterite (past definite)	w/out <i>se</i> + <i>se</i> other	209	
	passive. <i>was/were</i> (not) (adv) -ED	115		Imperfect	<i>se</i> impersonal	61	
	Total Past	440	21.16		w/out <i>se</i> + <i>se</i> other	76	
Present perfect	active. <i>has/have</i> (not) (adv) -ED	40		Present perfect (present <i>haber</i> + past part.)	<i>se</i> impersonal	5	
	passive. <i>has/have</i> (not)(adv) <i>been</i> -ED	33			Total Past	361	13.69
	Total Perfect	73	3.58				
Past perfect (pluperfect)	active. <i>had</i> (not) (adv) -ED	0		Pluperfect	w/out <i>se</i> + <i>se</i> other	2	
	passive. <i>had</i> (not)(adv) <i>been</i> -ED	3		(imperf. <i>haber</i> + past part.)	<i>se</i> impersonal	4	
	Total Pluperfect	3	0.15	Preterite perfect (anterior preterite) (past <i>haber</i> + past part.)	w/out <i>se</i> + <i>se</i> other	0	
				<i>se</i> impersonal	0		
				Total Pluperfect	6	0.23	
Total tenses with past reference		545	27.45	Total tenses with past reference		597	22.64

ED: English Discussion sections, SD: Spanish Discussion sections, w: words, rf: raw frequency, nf: normalised frequency (per '000), -ED:

past participle, -ING: present participle, w/out. without

Table 3. Frequencies and percentages of impersonal forms (English passives and Spanish se-impersonal)

	ED		SD	
	rf	nf	rf	nf
Total tense/voice with past reference	545	27,45	597	22,64
Total impersonal with past reference	154	7,76	136	5,16
Total non-impersonal with past reference	391	19,69	461	17,48
	%	%	%	%
Total impersonal as percentages of tense/voice with past reference	28,26	28,26	22,78	22,78

ED English Discussion sections, SD Spanish Discussion sections, rf raw frequency, nf normalised frequency (per 1000 words)

Present tenses without past reference followed by citations express generalisation and indicate the authority which justifies the assertion. While this were not among the principal objectives of this study, they attracted my interest because they contrast with present tenses with past reference, which are one of the ways to refer to particular studies or authors. Counting multi-verb sentences followed by a single citation or group of citations as one unit, their raw and normalised frequencies were 9 and 0.45 in the ED subcorpus and 29 and 1.10 in the SD subcorpus, which are considerable differences.

4.2.1.2 Analytical statistics

The analytical statistics tests confirmed that the differences between Spanish and English tense and impersonal use were significant. For the time reference variable, where two cells (25%) had expected counts of under 5, the Fisher-Freeman-Halton exact test calculated a bilateral significance of $p < 0.001$ overall (confidence interval (CI) 95%), which is statistically highly significant. In the post-hoc test, with an adjusted Bonferroni probability of 0.00625 marking the significance level, the differences between the English and Spanish use of the ‘past in present’ and ‘past’ time reference values proved significant ($p = 0.000$) but the differences in the ‘perfect’ and ‘pluperfect’ values did not (respectively, $p = 0.02509$ and 0.38430).

For the impersonal variable, with the same CI, Pearson's chi-square test returned a significance of 0.034 (which the continuity correction increased to 0.040). More importantly, given that normality cannot be assumed, the likelihood ratio significance was also 0.034. Consequently, all these tests show that although apparently not very large, the differences in frequency between English passive and Spanish *se*-impersonal use were significant at this level (95% CI, $p < 0.05$). I did not conduct post-hoc tests for this variable.

4.2.2. Error Analysis of tense and voice in the ED subcorpus

Error-tagged excerpts from the ED subcorpus may be found in Appendix 5.

4.2.2.1. Tense errors

The finite tenses corrected include passive forms but no progressives, of which there are no instances in the corpus. The errors number 31 out of a total of 545 verb forms with past reference, giving an error rate of 5.69% and an accuracy rate of 94.31%.

Table 4 gives the breakdown of the erroneous and corrected finite tenses. They are presented in pairs when corrections were made in both directions. This shows which tenses were most often confused by the Spanish-speaking NNS.

Table 4. Tense errors and corrections

Original (erroneous)	Corrected (target)	number
Present simple	Past simple	9
Present simple	Present perfect	3
Past simple	Present perfect	7
Present perfect	Past simple	1
Passive present simple	Passive present perfect	1
Passive present simple	Passive past simple	1
Passive past simple	Passive present simple	2
Passive present perfect	Passive past simple	6
Passive past simple	Passive present perfect	1

Fig. 3 displays the same data by tense, highlighting the very different proportions of error-prone tenses. The greatest contrast is found in the active Present simple, corrected to other

tenses twelve times, while no corrections were made in the opposite direction. The second most numerous correction was from Past simple to Present perfect, closely followed by Passive present perfect to Passive past simple.

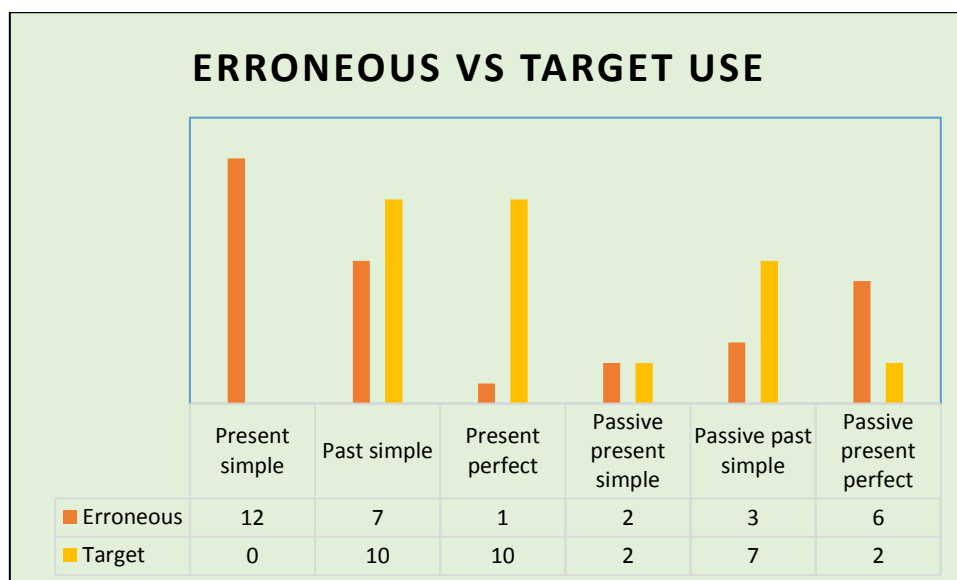


Figure 4. Erroneous vs target (corrected) uses of tenses with past reference

4.2.2.2. Voice and morphology errors

While impersonal verb forms and verb morphology were not the principal objective of the study, it is interesting to note that the ED subcorpus contained few errors in either of these categories.

The four morphology errors comprise one incorrect irregular past participle²¹, two that could be typing or dictation transcription errors²² and one that could be a similar typing error or might be due to confusion between the adjective and the past participle²³, which is the correct reading in the context. A further error involving

²¹ "some others <GVM CF=did not find>did not found</GVM> correlation between prosthetic fractures and the type of opposing dentition <ED09>

²² "might <GVM CF=be affected>be affect</GVM> by age" <ED10> and another which also involves a tense error for its context, which refers to the study conducted by the authors: "Leuconostoc mesenteroides may be an important microorganism in this complication since it <GVM><GVT CF=was found>has be found</GVT></GVM> in the 30% of the samples of the AO" <ED18>

²³ "regular diameter implants (4mm) with 3 different connections <GVM CF=were subjected>were subject</GVM> to a static fatigue test." <ED15>

a missing ‘to’ particle, which could have been included here, may be found at 4.3.3, together with one involving a missing verb.

The six impersonal group errors represent an error rate of 1.10% and an accuracy rate of 98.9% as a proportion of the 545 total verb forms with past reference in English. As a proportion of the 154 passive forms with past reference in the ED subcorpus, the error rate is 3.90% and the accuracy rate is 96.10%.

Four passives were corrected to active and two active voice forms were corrected to passives. The tenses involved were present simple for all the passive errors corrected to active target forms, and present perfect for both of the active to passive corrections.

4.3. Non-finite errors in the ED subcorpus

The error-tagged excerpts may be consulted in Appendix 5.

4.3.1. ALLOW (and synonyms in English and Spanish)

The correct construction of this verb with an infinitive is ALLOW followed by a noun or pronoun and the infinitive form of the verb (*allow someone to do something / allow something to happen*). This construction was the least frequent in the ED subcorpus, at 3 correct uses compared to 10 incorrect, totalling 13 uses, so the error rate was 76.9% and the accuracy rate was 23.1%.

The breakdown of the 10 incorrect uses is shown in Table 5. The instance of ALLOW + *to* + past participle should probably be interpreted as ALLOW + infinitive with a morphological error. The SD subcorpus searches returned 14 instances of PERMITIR + infinitive, which is the correct construction in Spanish.

Table 5. Erroneous uses of ALLOW with non-finite verbs

ALLOW + infinitive	ALLOW + gerund	ALLOW + <i>to</i> + past participle	Total
7	2	1	10

No verbal synonyms of the ALLOW + non-finite verb construction were found in the ED subcorpus, as searches for ‘make/made <NP, pron> possible (for <NP, pron>) <infinitive>’ and ‘*permit* <NP, pron> <infinitive>’ returned zero results, as did *enable* with a non-finite construction. Nor were any verbal equivalents of PERMITIR found in the SD subcorpus.

In contrast, both subcorpora returned only correct uses of ALLOW or PERMITIR followed by a noun phrase (8 and 5 results, respectively) and ED also contained one correct instance of ENABLE followed by a noun, the only synonym found in either subcorpus.

4.3.2. Nouns/adjectives with non-finite errors

A number of erroneous uses of the infinitive also occurred with nouns, with or without adjectives, in the ED subcorpus. No comparison with SD was made in these cases. Table 6 shows the context in which they were used, the number of instances of each and the corrected constructions replacing the infinitive. *Adequate method* and *method of choice* are shown independently from ‘method’ as the qualifiers may have influenced the choice of non-finite form. Equally, *method* could occupy the noun slot for all the adjectives listed, but was not the only noun to accompany these.

Table 6. Adjectives and nouns with erroneous infinitives

Erroneous constructions	number	Corrected forms
(<noun>) <i>useful</i> (<noun>) + infinitive	3	for + -ing
<i>method</i> + infinitive	2	of + -ing; for + ing
<i>suitable</i> <noun> + infinitive	1	for + -ing
<i>adequate method</i> + infinitive	1	for + -ing
<i>method of choice</i> + infinitive	1	for + -ing
<i>effective</i> <noun> + infinitive	1	for + -ing
<i>relevant</i> <noun> + infinitive	1	for + -ing
<i>crucial</i> + infinitive	1	to/for + -ing
<i>reliability and reproducibility</i> of <NP> + infinitive	1	for + -ing
<i>difficulty</i> + infinitive	1	in + -ing
<i>importance</i> + infinitive	1	of + ing
<i>risk</i> + infinitive	1	of + -ing
<i>specificity</i> + infinitive	1	for + ing
Total	16	

4.3.3. Non-finite errors with other verbs

Verbs other than ‘allow’ (examined in 4.3.1) also exhibited errors involving infinitives and -ING forms in the ED subcorpus. Again, no comparison was made with the SD subcorpus. The most numerous groups under this heading are ‘-ING instead of finite verb’, with five instances, and ‘-ING instead of infinitive’. Although two of the three instances of the latter are debatable (‘taking’ and ‘simulating’ in ED08 and ED21), as they could be interpreted as infelicities of style rather than grammar errors, ‘the decision of treating one or two arches’ (ED08) is unmistakably incorrect. Three ‘verb + infinitive’ errors involve semantic confusion.

Two further corrections were prompted by missing elements, in one case a missing gerund and in the other the *to* of the infinitive. The first of these two, ‘The study of the fractures after compressive forces showed that 100% of the test implants fractured through the body’ (ED15) instead of ‘after applying compressive forces’ was probably due to confusion with the variable ‘fractures after compressive forces’, while the second could be a typing error.

4.4. Sentence connector errors in the ED subcorpus

Sentence-initial connectors showing the direction of development of the argument in the ED subcorpus (the L category of error annotation) exhibited two types of error and correction, corresponding to the ‘misinformation’ and ‘overuse’ types as explained by McEnery et al. (2006:255); the ED corpus contained no ‘underuse’ errors. To correct ‘misinformation’ errors, the corrected form is substituted for the erroneous form. For ‘overuse’ errors, the correction consists in omitting the erroneous form. Table 7 summarises the ‘misinformation’ errors and their corrections, while Table 8 shows the ‘overuse’ errors and the reasons for their omission.

Table 7. Connectors. Misinformation errors and corrections

Erroneous	Correction	number	Totals
In fact	Indeed	3	
	As a result	1	4
Indeed	In addition	1	1
On the other (hand)	but/However	1	
	In contrast	2	
	Moreover	1	
	also	2	
	Equally	1	7
In this sense	Indeed	1	1
In accordance	also	1	1
Thereby	Therefore	1	1
Total			15

Table 8. Connectors. Overuse errors corrected by omission, with reasons

Erroneous	Number	Reason
On the other hand	2	1 reiteration of contrast, 1 reiteration and semantic error (used for additional information not contrast)
In other words	1	semantic error (used for additional information, not restatement) and redundant
Likewise	1	reiteration of similarity
In fact	5	5 redundant, of which 1 with semantic error (used for agreement not contrast)
Moreover	1	reiteration of addition
Indeed	2	2 redundant, of which 1 with semantic error (used for contrast not agreement)
Accordingly	1	semantic error (used for agreement not consequence) and redundant
In this sense	3	3 redundant
Total	16	redundant: all 16; with semantic errors: 5

Table 9. Sentence connector errors. Overall frequency ranked

In fact	9
Indeed	3
On the other hand	9
In this sense	4
In accordance	1
Thereby	1
In other words	1
Likewise	1
Moreover	1
Accordingly	1

Of the 241 total instances in the L category, the correct uses numbered 210 and the incorrect uses 31, so the overall error rate for sentence-initial connectors was 12.86% and the accuracy rate 87.1%.

Since these corrections and explanations are highly context-dependent, some of the reasons for considering the original choices of connector inappropriate and for these classifications of semantic errors may be appreciated more clearly in the error-tagged excerpts (Appendix 5) and section 5.7 of the Discussion.

5. DISCUSSION

5.1. Tense

Newmark's (1979) advice that translating effectively in medicine, the translator's²⁴ object is to elicit equivalent effect and that to achieve a natural, sympathetic way of writing that will interest the reader entails clarifying, pruning and matching frequency of features. However, a "natural, sympathetic way of writing" precludes frequencies that are not natural in the target language, as we find in the respective frequency counts for the present and past tenses in the SD and ED (Spanish Discussion and English Discussion) subcorpora and the direction of tense error corrections in ED.

Chalker (1984: 98) pointed out that "the essential difference is not the real time of the action in relation to the moment-of-speaking, but whether the period containing the action is regarded as present or past". In my results, present tense with past reference (as in 'several authors report/show/suggest...') accounted for 5.32% of tenses with past reference in English and 20.27% in Spanish. Past simple tenses in English made up 80.73% of the tenses with past reference, compared to 60.47% for the preterite and infinitive group in Spanish. Both of these differences were significantly different. These relative percentages for present and past on comparing the two languages are broadly in line with the findings of Williams (1994) and Heslot (1982) (see 2.6) regarding the preponderance of the present and past simple. Although both observed higher percentages of present tenses in English than those found here, their results covered all uses of the present tense while these only account for the present tense with past reference.

While the present perfect and pluperfect percentages were also distinct, at 13.39% and 0.55% respectively for ED and 18.26% and 1.01% for SD, they were more balanced between the two languages than the present and past and the differences in frequency between languages were not statistically significant for these tense groups. The sum of the perfect and pluperfect categories' normalised frequencies was 3.73 in English and 4.36 in Spanish. This agrees with Williams' (1994) finding that perfectives were more frequent in Spanish than in English, although the difference here was not great.

²⁴ In the context of the ED corpus, for "translator" read "editor".

In contrast to the use of the present tense with past reference to refer to previous studies, the present tense followed by one or more citations generalises a statement and adduces authority for it, in both languages, as remarked by Williams (1994). This comparison was not among my principal objectives but was one of the reasons for including the ‘past in present’ category in my study. The raw frequencies were 9 in English and 29 in Spanish and the normalised frequencies (per 1000 words of the corpus) 0.45 and 1.10, respectively, for the ‘generalised’ use, compared with the ‘past in present’ use of 29 versus 121 and normalised 1.46 versus 4.59 for ED and SD respectively. In other words, the ‘past in present’ use was over three times more frequent than the ‘generalised’ use in ED and over four times as frequent in SD. Comparing languages, the ‘past in present’ use was over three times more frequent and the ‘generalisation’ use two and a half times more frequent in SD than in ED. The ‘past in present’ preponderance might be due to the Spanish preference for the present tense and the ‘generalisation’ preponderance to the considerable weight of systematic reviews in the SD subcorpus, or they could be idiosyncratic. This might perhaps merit further investigation.

The proportion of tense errors to morphology and voice errors bears out Granger’s (1999) observation that tense errors constitute a large subcategory of verb errors; in the ED subcorpus they were not the second largest subcategory, as in her study of French learners of English, but the largest, numbering 31, compared to 4 for morphology and 6 for voice.

In the ED subcorpus, considering both active and passive voices, the order of error-prone tenses was present simple (14), past simple (10) and present perfect (7), while that of target (corrected) tenses was past simple (17), present perfect (12) and present simple (2). The most numerous corrections were from present simple to past simple (10 instances), followed by past simple to present perfect (8), present perfect to past simple (7) and, less frequently, present simple to present perfect (4) and past simple to present simple (2). Similarly, Granger (1999) found that wrongly selected tenses were most numerous in the simple present and the simple past and were more likely to be simple present in place of a simple past than the opposite error.

The direction of present to past in the top-ranking correction, present simple to past simple, may reveal the persistence in the English text of the Spanish perspective on tenses. Present perfect to past simple and present simple to present perfect match Williams’ (1994) observations concerning the direction of the shift in tense use between the two

languages. Their lower ranking in the order of frequency could indicate greater assimilation of the correct tense in these contexts.

In the past simple to present perfect and past simple to present simple corrections, the past simple could well be correct in a different context. For instance, in the following example the first verb is in the past simple because it refers to one event in the past:

Although [...] found significantly higher rates of postoperative complications following tooth extractions when pronounced immunosuppression [...] and severe neutropenia [...] were recorded, most authors <GVT CF=have found> found</GVT> no differences between HIV infection and the occurrence of postoperative problems when other minor oral surgery procedures <GVT CF=are performed>were performed</GVT>. (ED01)

The reason for both of the following corrections in this excerpt is that “most authors” covers a series of reports over a period that extends to the ‘now’ of the utterance. Had there been a specific time reference in the past for the second part of this example, the verbs used would have been correct.

Another way of describing the errors could be ‘number in present demanding past’: 14; ‘number in indefinite past demanding definite past’: 8; ‘number requiring less definite positioning in the past’: 7; and ‘number in past demanding present’: 2.

5.2. Voice/impersonal

Spanish active verbs in Discussion sections in the SD subcorpus accounted for 77.22% of the Spanish verbs with past reference and English active verbs in the ED subcorpus made up 71.74% of the English verbs with past reference (*se*-impersonal or passive verbs were 22.78% and 28.26%, respectively). Although significant, this difference was not as large as Williams’ (1994) report of Spanish using about 80% active verbs and English about 60% in the Discussion sections, and the percentage of active voice in English was far lower than the 83.5% found in this section by Heslot (1982). Since I was only measuring verbs with past reference rather than all verbs, direct comparisons with these authors would not be valid but they may act as a pointer. However, before ascribing the higher than expected percentage of active verbs in the ED to native-language influence, a look at the error annotations for this category is in order.

The error rate for voice (the expression of the impersonal category in English) was quite low. The six errors represented error rates of 3.9% in relation to the total passive forms and 1.10% for the total verbs with past reference. The direction of the corrections was also unexpected, as only two were corrections from active to passive while four were from passive to active, which would appear to indicate hypercorrection in these cases. In other words, awareness of the divergence between Spanish and English conventions could have led to overuse of the target convention form.

Closer examination of the individual contexts, however, suggests other possible explanations. The six errors and their corrections are:

1. "<GVV CF=careful analysis of this variable (Table II) shows that>if a careful analysis of this variable is performed (Table II),</GVV> the 4 uncompliant patients were diagnosed with peri-implantitis (in 3 cases) or with mucositis (1 patient)" <ED01>
2. "a combination of a granulate bone substitute plus an additional layer of a soft-block bone substitute <GVV CF=aims/is intended>is aimed</GVV> to achieve a stable coagulum with high potential for bone regeneration around the implant surface" <ED03>
3. "these results may only apply to the aforementioned implant design, since the implant diameter and the type of connection <GVV CF=have been shown>have shown</GVV> to influence the outcomes compression testing in two previous investigations [references]" <ED15>
4. "future research should <GVV CF=focus>be focused</GVV> on overcoming the limitations of working in the patient's mouth," <ED15>
5. "the implant diameter and the type of connection <GVV CF=have been shown>have shown</GVV> to influence the outcomes compression testing in two previous investigations" <ED15>
6. "for each week that the appearance of postoperative infection was anticipated, the adjusted risk of failure <GVV CF=multiplied>was multiplied</GVV> by 1.11." <ED16>

Number 1 shows a confusion between two constructions (conditional and statement) with conflicting tenses. In Spanish, it translates as *si se realiza un análisis meticuloso, los 4 pacientes no conformes se diagnosticaron...*, which is incorrect in the same way it is in English: the sequence of tenses is unacceptable. The literal translation of the first part, ‘If careful analysis is conducted’ indicates future action in English and obviously conflicts with the evidence that the data have already been analysed. Its meaning is better expressed as ‘On careful analysis ...’ or, making ‘analysis’ the subject of an active verb, ‘Careful analysis showed that...’ The former, ‘On careful analysis ...’, also demonstrates Newmark’s (1979) observation about deleting source language ‘empty’ verbs: “(to form, exist, rise,) are deleted in the context. Thus *les meilleurs résultats obtenus (or qu'on a obtenus) dans cette expérience* – the best results from the experiment”.

Number 2 revolves around which constructions are possible with particular verbs, as reflected in the two possibilities indicated in the correction.

Numbers 3 and 5 could be morphology errors rather than voice errors, but number 5 could also be a literal translation of *demostrar* + NP, taking the infinitive as a noun, since the Spanish infinitive acts as a verbal noun in the same way as the English gerund does.

Number 4 is a matter of perspective. The original passive form indicates an impersonal human agency, which is habitual in Spanish but in English, in this context, is a (probably unintended) highly marked form. The correction shifts to a more natural-sounding inanimate subject governing an active verb. Another possible interpretation is the influence of a Spanish reflexive verb (*enfocarse*) confused with a *se*-impersonal.

Number 6 is also susceptible to different interpretations. Here again, the passive could reflect a Spanish reflexive verb (*multiplicarse*) confused with a *se*-impersonal, but it might simply be due to inertia following “was anticipated” — which is itself a false friend, as its meaning here is ‘was brought forward’.

5.3. Non-finite errors

The most prominent errors in this category involved ALLOW, which presented a 76.9% error rate in constructions with non-finite verb forms, as well as confusion as to which non-finite form to use, possibly related to the verbal noun being the infinitive in Spanish and the gerund in English. The error rate appears to be directly related to the Spanish construction *permitir* + infinitive, which does not require the noun phrase between the

active and non-finite verbs that is obligatory in English. While *permitir* appears to be hegemonic (it is the only synonym used in the SD subcorpus), English offers more alternatives, such as ‘enable’ and ‘make possible’. ‘To enable’, like ‘to allow’, requires an intervening noun phrase or pronoun and an infinitive (‘which enabled us to gather objective data’ / ‘which enabled objective data to be gathered’) or, more clumsily, gerund and noun phrase (‘which enabled the gathering of objective data’). ‘To make (something) possible’ can also be expressed with the infinitive: ‘which made it possible to gather objective data’. It is noticeable that the ED corpus contains only one instance of ENABLE, not in a non-finite construction, and none of any other synonym; this absence too may reveal the influence of *permitir*.

A number of other verbs also take the verb-NP-infinitive construction in English, for example, ‘to advise/help someone to do something’, but can also be found in other constructions with different meanings. ‘It may help to understand the situation’ means ‘understanding the situation may help you’, not ‘this will help you to gain an understanding of the situation’, while ‘I would advise doing something about it’ implies who should do it (you) without making it explicit. Again, ‘some authors have proposed to use [L-shaped soft-block bone substitute] for horizontal augmentation [grafting]’ (ED04) does not mean that they proposed its use (which is what the authors meant) but that they intended to use it themselves.

Some non-finite errors with other verbs appear, like ‘allow’, to be related to verbal noun confusion and to gerunds being used in Spanish where English uses a finite verb. An example of this is: "100% of the test implants fractured through the body, in comparison to only in half of the control implants, <GVNF CF=in which ... broke>being the other half broken</GVNF> at the abutment screw level." <ED15>. Newmark (1979) remarked that "French infinitives often become English gerunds [...] French relative or adjectival clauses often become English present participles", but these cases appear to illustrate the opposite trend.

However, non-finite corrections with nouns and adjectives do follow the infinitive to gerund tendency. An important feature of this quite large group is which preposition to use. In some cases the preceding noun or adjective requires a particular preposition which in turn chooses the non-finite form, as in ‘difficulty in + gerund’, ‘the importance of + gerund’, while ‘risk’ can take ‘in’ or ‘of’, but with different meanings. In others, to +

infinitive or for + gerund would both be possible but in some cases would have different meanings: 'it could be useful to compare methods' means that comparing methods could be useful, whereas 'it could be useful for comparing methods' means that 'it' could be useful for this purpose. These distinctions are not clearly explained in English grammar books, which seem to concentrate on the infinitive form to the exclusion of for + gerund. It is not helpful that Spanish *para* + infinitive covers both. Intuitively, 'a tool/method to achieve X' indicates the purpose of the tool/method while 'a method/tool for achieving X' focuses on the process and personal involvement: (a method for someone to achieve X), particularly if 'method/tool' is preceded by an adjective. Thus, an 'effective augmentation technique to treat X' means that a 'technique to treat X' is effective, while an 'effective augmentation technique for treating X' means that the technique is 'effective for treating X'. Further investigation would be required to test or find authority for this suggestion.

Some errors involving non-finite constructions are not non-finite errors but due to a wrong choice of main verb, as in 'dentists must stress patients to keep a soft diet' (ED08). I did not tag this example because one of the possible alternative wordings for what was meant is 'dentists must strongly advise patients to keep to a soft diet' and I had expressly excluded choice of verbs as a subject of study.

5.4. Sentence connectors

The most striking confusion in this category is between 'In fact' and 'Indeed'. The Spanish equivalent for both is *De hecho* and grammar sources and dictionaries are not very clear, or even contradictory, on the distinction between the two. However, one of the uses of 'in fact' is "to introduce or draw attention to a comment that modifies, contradicts or contrasts with a previous statement", whereas 'indeed' is used "to introduce a further comment or statement which strengthens the point you have already made" (COBUILD Advanced English Dictionary).

The high incidence of 'On the other hand' to cover both contrast and addition functions, and with no preceding 'On the one hand', maps onto the Spanish *Por otra parte*, which contains both senses, whereas the English 'On the other hand' introduces the second of two contrasting points and has no additive function.

The remaining sentence-initial connector with more than one error, ‘In this sense’, is a literal translation of *En este sentido*, where *sentido* expresses the sense of intention according to Seco et al.’s (1999) *Diccionario del español actual*. It is frequent in Spanish as a sentence connector with additive function, but in English it is not a habitual sentence connector and its only function is to signal one of the meanings of a word or expression that has already been mentioned and introduce a clarification of what is being said in terms of that meaning.

‘In accordance’ does not exist as a connector in English and if it is a mistake for ‘Accordingly’ it is misused in its context.

5.5. Limitations

This study compared small, specialised subcorpora drawn from only two sources using convenience sampling. Although the texts in both groups were written by a number of different authors and were comparable in terms of dates and corpus size, the errors in the NNS texts were corrected by a single editor who lacks experience in the error tagging method. While I have attempted some comparisons of frequency and error analysis with those of published articles, comparison with other corpora would provide greater validity.

5.6. Practical outcome

As well as the suggestions in 5.5 to 5.8 above, more can be garnered by examining the error annotations and corrections in Appendix 5 to identify tips and tricks that may be helpful for NNS writers of English for academic purposes, particularly in the field of dentistry and in medicine in general, and for teachers of English. For translators and editors, they can provide a pointer to some syntactic and lexical calques to avoid.

I also hope that the technical know-how collected in Appendix 1 will prove helpful for other aspiring users of corpus tools and methods.

5.7. Future research

Some possible areas of future research could be to compare translations and edits in English by the same translator/editor and compare these with the published versions and with other articles in the same field. It would also be interesting to compare the use of definite articles in Spanish and English academic writing in the field of dentistry and to

investigate the use and acceptability of the first person in academic journals in this and other fields.

6. CONCLUSIONS

Despite the limited size of the comparable bilingual corpus, this study has confirmed the hypothesis of L1 interference or influence in connectors and non-finite verbs and, to a lesser extent, in voice and tenses.

The greater role of the present tense in Spanish than in English mentioned by several authors was confirmed, although the highest-frequency tense in Spanish was the preterite. However, it should be borne in mind that the present tense count in both languages refers to ‘past continuing into the present’ and not to all instances of the present tense. As expected, the preponderance of the past simple tense was a salient feature of English Discussion sections, followed at a distance by the present perfect. The direction of some corrections in the ED subcorpus was from present to past, but none took the opposite direction, which could indicate some influence of the Spanish tense use. The past perfect, while present in ED, was used less than I expected (and less than the pluperfect in Spanish), and was absent from the errors and their corrections.

The voice errors revealed some unexpected possible calques of Spanish reflexive verbs and the different types of non-finite errors all reflected Spanish constructions. Of the connector errors, the most frequent was confusion between ‘In fact’ and ‘Indeed’; the distinction is not very clear in many English grammars and dictionaries and both are translated by Spanish *de hecho*. The other two most frequent errors in this category were literal translations of Spanish connectors and uses, as were several of the less frequent ones.

POS tagging and concordancing is an objective, fast and highly successful method for finding pre-defined patterns but is not totally error-free and some manual processing may be needed. Error tagging is slow and more dependent on the examiner’s judgement and experience but unearths phenomena that might not have been contemplated initially.

Identifying syntactic preferences in the target language and suggesting solutions to frequent errors may help non-native speakers to write more naturally in the target language, assist English teachers in planning coursework and give translators and editors pointers to some syntactic and lexical calques to avoid.

In addition, I hope that the information on corpus tool choice and know-how may prove useful to other researchers.

BIBLIOGRAPHY CITED

Aragonés Lumeras, Maite (2009). *Estudio descriptivo multilingüe del resumen de patente: aspectos contextuales y retóricos* Bern: Peter Lang. ISBN 978-3-03911-771-0

Biber, Douglas (2009). A corpus-driven approach to formulaic language in English. Multi-word patterns in speech and writing. *International Journal of Corpus Linguistics*, Volume 14, Issue 3, Jan 2009, p. 275 - 311. <https://doi.org/10.1075/ijcl.14.3.08bib>

Chalker, Sylvia (1992) (reprint of 1st ed.). *Current English Grammar*. London and Basingstoke: Macmillan. ISBN 0-333-35025-1

Claros, M Gonzalo, undated (2005?) Normas de la escritura científica. URL: www.biorom.uma.es/contenido/norm_escrit/index.htm, Accessed 12/11/2020.

COBUILD Advanced English Dictionary. Harper Collins. (online edition) <https://www.collinsdictionary.com/es/diccionario/ingles/in-fact>, <https://www.collinsdictionary.com/es/diccionario/ingles/indeed> and <https://www.collinsdictionary.com/es/diccionario/ingles/on-the-other-hand> accessed 21/08/2021

Crystal, David (1991) [3rd ed.] *A dictionary of linguistics and phonetics*. Oxford and Cambridge (Massachusetts): Blackwell. ISBN 0+631-17871-6 (pbk)

Glen, Stephanie. (2016) Probability and Statistics Topic Index, *Elementary Statistics for the rest of us!* URL: <https://www.statisticshowto.com/likelihood-ratio-tests/> <https://www.statisticshowto.com/probability-and-statistics/> Accessed 29/10/2021.

Granger, Sylviane (1999). Use of Tenses by Advanced EFL Learners: Evidence from Error-tagged Computer Corpus In: Hasselgård, H., *Out of Corpora - Studies in Honour of Stig Johansson*, Rodopi : Amsterdam & Atlanta 1999, p. 191-202 <http://hdl.handle.net/2078.1/76322>. Draft in university of Louvain repository, URL: https://dial.uclouvain.be/downloader/downloader.php?pid=boreal%3A76322&datastream=PDF_01 accessed 09/08/2021

Granger, Sylviane (2003). Error-tagged Learner Corpora and CALL: A Promising Synergy, *CALICO journal*, 465-480. <https://www.jstor.org/stable/24157525>, URL: <https://journals.equinoxpub.com/CALICO/article/viewFile/23244/19249> accessed 30/07/2021

Hardie, Andrew & McEnery, Tony (2010). On two traditions in corpus linguistics, and what they have in common. *International Journal of Corpus Linguistics*, Volume 15, Issue 3, Jan 2010, p. 384 - 394. <https://doi.org/10.1075/ijcl.15.3.09har>

Hatim, Basil and Mason, Ian (1990). *Discourse and the translator*. Harlow: Longman. ISBN 0-582-02190-1 (pbk).

Heslot, J. (1982) Tense and other indexical markers in the typology of scientific texts in English. In Hoedt et al. (eds.) *Pragmatics and LSP*. Copenhagen: Copenhagen School of Economics. 1982:83-103. Cited in Swales (1990: 135)

how2stats (2014) Chi-Square - Post-Hoc Testing - SPSS, posted Sep 30, 2014. "how to do conduct chi-square post-hoc tests in an efficient (and easy) way based on adjusted standardized residuals". URL: <https://www.youtube.com/watch?v=cOu9rv83G-I> part 1. Part 2: <https://www.youtube.com/watch?v=krLz0GK3uwg>. Part 3: <https://www.youtube.com/watch?v=Rp0qorrPXA0>. Last accessed 28/10/2021. References: Beasley, T. Mark and Randall E. Schumacker (1995). Multiple regression approach to analyzing contingency tables: post hoc and planned comparison procedures. *The Journal of Experimental Education* 64(1). 79-93. <https://doi.org/10.1080/00220973.1995.9943797> and Garcia-Pérez, Miguel A. and Vicente Núñez-Antón (2003). Cellwise residual analysis in two-way contingency tables. *Educational and psychological measurement* 63(5). 625-639. <https://doi.org/10.1177/0013164403251280>.

Hurtado Albir, Amparo (2008) [2001]: *Traducción y Traductología. Introducción a la Traductología*, Madrid: Cátedra. ISBN 978-84-376-1941-5

Lijffijt, Jefe and Nevalainen, Terttu (2017). A simple model for recognizing core genres in the BNC. *Studies in Variation, Contacts and Change in English vol. 19*. ePublication at https://varieng.helsinki.fi/series/volumes/19/lijffijt_nevalainen/ accessed 21/11/2021

Lüdeling, Anke, Maik Walter, Emil Kroymann, Peter Adolfs (2005). Multilevel error annotation in learner corpora. *Proceedings of corpus linguistics* (Vol. 1, pp. 14-17). URL: [http://www.linguistik.hu-](http://www.linguistik.hu-berlin.de/de/institut/professuren/korpuslinguistik/forschung/falko/pdf/FALKO-CL2005.pdf)

[berlin.de/de/institut/professuren/korpuslinguistik/forschung/falko/pdf/FALKO-CL2005.pdf](http://www.linguistik.hu-berlin.de/de/institut/professuren/korpuslinguistik/forschung/falko/pdf/FALKO-CL2005.pdf). Accessed 30/7/2021.

Martín Fernández, Antonio in Martínez Pradales, David. 2021. «El lenguaje inclusivo es la punta del iceberg de una realidad social que necesita solución» (entrevista a Antonio Martín (EnClaro). *Nobbot*, 22/09/2021

McEnery, Tony, Richard Xiao, Yukio Tono. (2006). *Corpus-based Language Studies: An Advanced Resource Book*. London / New York: Routledge. ISBN: 0415286239 / 9780415286237 (pbk)

Morales, Oscar Alberto (2010): *Los Géneros Escritos de la Odontología Hispanoamericana* (PhD thesis), Barcelona: Universitat Pompeu Fabra. URL: www.tesisenred.net/handle/10803/7577, accessed 11/04/2011.

Newmark, P. (1981) *Approaches to Translation*. Oxford: Pergamon Press. Copy of Shanghai edition URL: <https://www.docdroid.net/9ahy/approaches-to-translation-newmark-pdf> accessed 08/10/2021.

Newmark, P.P, 1979. A layman's view of medical translation. *British Medical Journal*. Br Med J. 1979 Dec 1; 2(6202): 1405–1407

Nord, Christiane (1991) Text Analysis in Translation. Theory, Method, and Didactic Application of a Model for Translation-Oriented Text Analysis. *Translated* from the German by Christiane Nord and Penelope Sparrow. Amsterdam/Atlanta GA, Rodopi, 1991, 250 p. ISBN: 90-5183-311-3 pdfcoffee.com/qdownload/nord-christiane-text-analysis-in-translation-1991-3-pdf-free.pdf URL: <https://pdfcoffee.com/qdownload/nord-christiane-text-analysis-in-translation-1991-3-pdf-free.html> accessed 08/10/2021

Parra Escartin, Carla & Martínez Alonso, Héctor (2015). Choosing a Spanish Part-of-Speech tagger for a lexically sensitive task. *Procesamiento del Lenguaje Natural*, Revista nº 54, marzo de 2015, pp 29-36, URL: <http://rua.ua.es/dspace/handle/10045/45491> on 13/07/2020.

Quirk, Randolph, Greenbaum, Sidney, Leech, Geoffrey & Svartik, Jan (1989) (reprint of 1st ed. 1972). *A Grammar of Contemporary English*. Harlow. Longman. ISBN 0 582 52444 X

RAE <https://www.rae.es/espanol-al-dia/se-venden-casas-se-buscan-actores-frente-se-busca-los-culpables>, accessed 12/10/2021, «Diccionario panhispánico de dudas», s/v «se» <http://lema.rae.es/dpd/srv/search?id=bsHtgs373D6sirfnKs>, accessed 12/10/2021 and Real Academia Española y Asociación de Academias de la Lengua Española. *Nueva gramática de la lengua española* (2009). Online edition (www.rae.es). <https://aplica.rae.es/grweb/cgi-bin/z.cgi?t=3226387661244704841144838&s=1&ap=18.6j> Accessed: 11/11/202

Rezvani Kalajahi, Neufeld and Abdullah (2017). The Discourse Connector List (DCL), *Text & Talk - An Interdisciplinary Journal of Language Discourse Communication Studies* 37(3) DOI:10.1515/text-2017-0006, adapted in Sheldon Smith (2020). Discourse Connector List. <https://www.eapfoundation.com/vocab/academic/other/dcl/> Last accessed 05/11/2021.

S. Conrad (1999), 'The importance of corpus-based research for language teachers'. *System* 27: 1-18. Excerpt in McEnery et al, 2008: 201-202,

Saldanha, Gabriela and O'Brien, Sharon (2014) [2013]. *Research methodologies in translation studies*. Abingdon and New York: Routledge. ISBN 978-1-909485-00-6 (pbk)

Seco, Manuel, Andrés, Olimpia and Ramos, Gabino (1999) *Diccionario del español actual*. Madrid: Santillana

Swales, John Malcolm (1990): *Genre analysis: English in academic and research settings*. Cambridge, New York and Melbourne: Cambridge University Press ISBN 0 521 33813 1

Swinscow, T D V (1997). *Statistics at square One*, 9th ed. Revised by M J Campbell. BMJ Publishing Group. <https://www.bmj.com/about-bmj/resources-readers/publications/statistics-square-one>. Last accessed 28/10/2021.

Williams Ian A. 1994. Contrastive analysis of finite verb profiles in 2 medical texts translated from Spanish into English. *Babel* 40:3, p. 146-169:

Williams, Ian A. (1999). Corpus-based contrastive analysis and the translation of specialized texts (chapter, source not found). Instituto Universitario de Lenguas Modernas y Traductores - Universidad Complutense de Madrid. http://cvc.cervantes.es/lengua/iulmyt/lengua_cultura.htm accessed 26/05/2020.

Williams, Ian A. (2011) Factors Affecting Discourse Structure and Style in Biomedical Discussion Sections. In Dr. Sylwia Olszynska (Ed.), *Biomedical Engineering, Trends, Research and Technologies*. Intech. ISBN: 978-953-307-514-3. Chapter at URL: <https://cdn.intechopen.com/pdfs/12819.pdf>, accessed 31/08/2021.

Worlock Pope, Caty (2010). The Bootcamp Discourse and Beyond. *International Journal of Corpus Linguistics*, Volume 15, Issue 3, Jan 2010, p. 323 - 325. <https://doi.org/10.1075/ijcl.15.3.01wor>

Corpus tools used

Anthony, L. (2020). *AntConc* (Version 3.5.9) [Computer Software]. Tokyo, Japan: Waseda University. Available from <https://www.laurenceanthony.net/software>

Anthony, L. (2015). *TagAnt* (Version 1.2.0) [Computer Software]. Tokyo, Japan: Waseda University. Available from <https://www.laurenceanthony.net/software>

FreeLing Home Page: <https://nlp.lsi.upc.edu/freeling/index.php/node/1>. [TALP Research Center, Universitat Politècnica de Catalunya](#). Documentation (most recent):

Padró, L. and Evgeny Stanilovsky. **FreeLing 3.0: Towards Wider Multilinguality** Proceedings of the Language Resources and Evaluation Conference (LREC 2012) ELRA. Istanbul, Turkey. May, 2012.

2013 [Stanilovsky Evgeny](#) made required changes to compile FOMA in windows, compiled the binary packages for MS-Windows, and build the binary package with required third party libraries. (<https://nlp.lsi.upc.edu/freeling/index.php/node/5>)

APPENDICES

Appendix 1. Preparation and corpus tools (reasons for choices and technical how-to)

Preprocessing and general

How to Merge txt files using the MS-DOS command window, at the prompt type **copy *.txt newfile.txt**, replacing 'newfile.txt' with the name of the file you want to create (e.g. mergedfile.txt)²⁵. You need to add at least two blank lines between the files to keep them clearly separated. Numbering the original files (using 01, 02 etc. for single-figure numbers so that they are not inserted between those from 10 onwards) ensures that they combine in the correct order and avoids having to use the '+ method' (in other words, type: copy in1.txt + in2.txt + in3.txt Combined.txt)²⁶

How to merge files in Word: In Word 2007 and above: Insert menu - Object - Text from file. In Word 2003 or earlier: Tools - Compare and Merge Documents. In both, for multiple files press Ctrl and select each file²⁷. In **Word 2013**, I discovered that this method worked: Insert menu - Text - Object icon - Text from file (in Spanish: Insertar texto de archivo). The merger changed several fonts and language identifications but appears not to have disturbed the revision corrections.

How to decode ASCII codes in HTML: When a URL address you want to write in clear contains a strange ASCII code, use this **input tool** as far as 'input=', then your own query containing the code to decipher it: <https://onlineasciitools.com/url-decode-ascii?input=The%2520good%2520thing%2520about%2520science%2520is%2520that%2520it%27s%2520true%2520whether%2520or%2520not%2520you%2520believe%2>

²⁵ Instructions at [https://www.wikihow.com/Merge-Text-\(.Txt\)-Files-in-Command-Prompt](https://www.wikihow.com/Merge-Text-(.Txt)-Files-in-Command-Prompt) viewed on 11/12/2020

²⁶ <https://www.raymond.cc/blog/combine-or-merge-all-text-files-with-txtcollector/> viewed on 11/12/2020. Different methods, more complicated and less clearly explained, may be found at https://windows.tips.net/T005670_Ways_to_Combine_Two_or_More_Text_Files.html

²⁷ <https://www.computerhope.com/issues/ch001376.htm> (also how to merge other types of file).

[520in% 2520it](https://stackoverflow.com/questions/16084935/a-html-space-is-showing-as-2520-instead-of-20). For instance, this %2520 does not appear in any list of ASCII codes. “A bit of explaining as to what that %2520 is: The common space character is encoded as %20 [...]. The % character is encoded as %25 . The way you get %2520 is when your url already has a %20 in it, and gets url encoded again, which transforms the %20 to %2520” (<https://stackoverflow.com/questions/16084935/a-html-space-is-showing-as-2520-instead-of-20> dated 18 Apr 2013).

How to run commands in Windows To open the command window in Win 10 there are different methods: a) Start button - type cmd in search box - select Command Prompt; b) Start button - Windows System - Command Prompt; c) Win+X; d) right click Start button and choose Command Prompt from the menu. In Win 7, the different methods are: a) Start button - All programs - Accessories - Command Prompt (in Spanish: Ejecutar); b) Type **command** in the search box at the bottom of the Start menu; c) **Win+R** (calls up the Run dialog box) and type **cmd**. An alternative method, d), is: to run exe or bat files, go to the folder they are in, press **shift** and **right click** to call up the situational menu and select Open command (this probably works in Win 10 as well but I have not tried it). The prompt line in the MS DOS command window that appears shows the default home directory, which for Win 7, 8 and 10: is `<root>\Users\<username>`. [**Note: Users not Usuario even if your operating system is in Spanish**]. You can now type in your command.

POS tagging

FreeLing, reported by Parra and Martínez (2015) to be reliable for Spanish, does not require coding for the standard tokenising and POS tagging operation in Windows. However, it was conceived for Linux, an operating system in which it offers a number of levels of analysis, and all the tutorials and instructions either refer to this setup and are either irrelevant for the far more basic Windows version, or did not produce the stated output. In addition, the version 4.1 package for Windows contained an error that prevented the program from starting (it required a Microsoft file that is unavailable) and, on downgrading to version 4.0, following the instructions led to another missing file problem. Eventually, through a user forum, I found a method which produced a morfo level of analysis with token, lemma, short-form POS tag and probability level,

and was able to define the output format as .txt (for AntConc) or .tag (required by WordSmith).

Hence, the reality in Windows 7 was that only v.4.0 could be used, and only its basic analyzer.bat program (not analyze.bat nor analyzer.exe), which produces only “morfo level” output showing token - lemma - POS and probability in vertical 4-column tab-separated format, though giving the option of .txt or .tag plain text. There is no batch analysis option and it can only be run from a command line. The easiest method is to right click + shift within the freeling bin folder to call up the situational menu, select Open command window, then execute the analysis by running the command. In this case the command was **analyzer.bat -f es.cfg <mytext.txt >myoutput.txt**, where es.cfg signifies Spanish (it would be en.cfg for English), ‘mytext.txt’ is the input text, e.g. C:\Corpus\SD\SD01.txt and ‘myoutput.txt’ is the name to assign to the tagged file. The input must be plain text and UTF8 encoded. Take into account that the Windows command prompt is not UTF8 so non-ASCII characters cause problems. If subsequent processing requires it (e.g. WordSmith), the output format can be set as .tag instead of .txt; the content is the same. FreeLing tags all the punctuation marks, including full stops, so separate sentence XML tags may be unnecessary, although they can be inserted if necessary using find and replace in a plain text editor (which involves converting to and from .txt format if the output is in .tag format). FreeLing marks XML tags with POS tags if the corpus has been marked up before, but they can be cleaned up in a text editor using find and replace (again, with intermediate conversion stages if -tag is required).

Regarding tagsets, for Spanish FreeLing uses an Expert Advisory Group on Language Engineering Standards (EAGLES) tagset that includes inflectional information (see Appendix 4 for the tags I used). The English tagset used by FreeLing is based on the Penn TreeBank but is more basic than the TreeTagger Penn-based set used by TagAnt, as it does not distinguish between lexical and auxiliary verbs. Batch analysis is not possible and, in Windows 7 at least, the output is only available in vertical four-column form, so the four elements occupy a greater proportion of the concordance line. In addition, since the AntConc concordancing program I used treats letters preceded or followed by zeros as separate words, with the FreeLing tags it is difficult to specify a uniform sort order to highlight. While it could have been possible to use verb + verb query strings and

distinguish manually between auxiliary and lexical uses as necessary, TagAnt offers batch analysis and horizontal output, making this program more convenient than FreeLing for POS tagging of the ED subcorpus.

Some points that need to be taken into account are:

- i) Full stops must be placed after headings, otherwise they are considered part of the next sentence;
- ii) The analysis removes empty lines between texts. In txt format, Notebook++'s extended mode search using `\r\n\r\n` found the 2 carriage returns and new lines between paragraphs, but no second new line dividing the different texts in the merged file. Inserting text reference numbers in the files before analysing them, then searching for them to remove the POS, lemma and probability would make it easier to identify separate texts and insert markup tags.
- iii) Though it is not relevant to this study, FreeLing recognises multi-word expressions but makes some mistakes (“Según Wachawan” was treated as a name).
- iv) The output is in one-word-per-line token (tab) lemma (tab) POS (tab) probability format. It could be interesting to investigate the category attributions with lower probability values, but is not relevant to the current research.
- v) The concordance window shows all 4 annotations, reducing the visibility of the context. It would be possible but very time-consuming to check any probabilities much lower than 1 if relevant, replace the line breaks with tabs, import the result to columns in Excel, remove the lemma and number columns, export as comma-separated values and replace the commas with underlined spaces to arrive at a token_POS format. However, it is quicker to use AntConc's ability to show the original context when the context is not clear in the concordance window.

AntTag. This program requires no technical know-how and the .exe file can be placed in any folder. Click to open it, expand its window if required, mark Input Text (which does not have to be plain text) or Input Files (in which case they must be in UTF-8 .txt format), copy the text directly or load the files using the File menu, set the language and the output format (horizontal or vertical) and press Start. To save the output, select all with Ctrl-A then use Ctrl-C and Ctrl-V (or the Macintosh equivalents) to copy and paste

it into a new file. Name and save the file. Neither Notepad++ nor Notepad save as .tag files, nor does Word, but all three can save as .txt files²⁸.

In TagAnt, the English tagset is the Penn TreeBank set used by TreeTagger, which has separate tags for each of the auxiliary verbs and distinguishes present/past, present 3rd p. sing./non-3rd p. sing and past/past participle. In practice, however, VBD (past, *was/were*) and VHD (past, *had*) had to be sorted by highlighting 3R-1L-2L positions in order to discard auxiliary uses, while for VDD (past, *did*), in theory 5R-3R-2L should distinguish *did not* <verb> and emphatic auxiliary, but no instances of VDD were found in the ED corpus. Also, it does not identify multi-word expressions. See Appendix 4 for the tags I used.

The Spanish tagset used by TagAnt is the more basic of the two offered by TreeTagger (Spanish and ANCORAs-trained Spanish) and does not distinguish tenses and persons in finite verbs. For this reason, TagAnt was not suitable for time reference analysis of the ES subcorpus and FreeLing was the valid alternative, despite presenting the drawbacks mentioned above.

TagAnt can produce both horizontal and vertical output and offers batch analysis. The vertical output format includes the lemma as well as the token and the POS tag in quasi-column format, the horizontal format shows the token and POS tag joined by an underlined space. McEnergy(2006:36) considers that lemmatization is useful for highly inflectional languages like Spanish but may be redundant for the simple inflectional morphology of English and few English corpora are lemmatized. In addition, the fewer the elements on a concordancing line the more legible it will be and the more context will be presented.

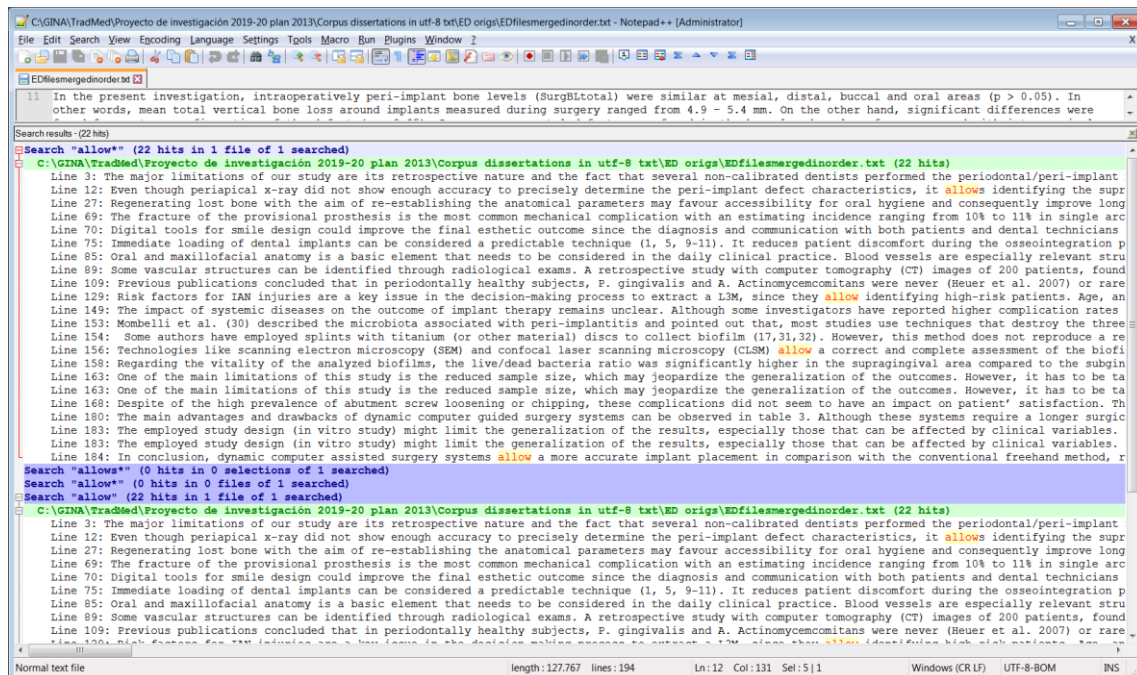
Searching/concordancing:

Notepad++: In the Search menu, the Find, Replace and Mark operations can all be performed with regular expressions if desired. According to http://fedora.clarin-d.uni-saarland.de/teaching/Corpus_Linguistics/Tutorial_RegExp.html, “Even in Regular Expressions mode you can perform string-based queries.” The extended search mode

²⁸ Word is not recommended for this purpose as UTF-8 cannot be selected and it inserts code of its own which is not visible to the user but causes problems with some other programs.

makes it possible to search for line breaks and tabs, as well as features of programming languages.

The Mark function highlights and counts search results and can bookmark the line(s), but the Copy Marked Text button does exactly that, listing the search terms only, with no context. However, the Find function opens a results window that counts and extracts the search term with its line of context; the window height can be adjusted and the contents can be copied and pasted.



AntConc: Like TagAnt, AntConc downloads as a stand-alone .exe file, uses .txt files (tagged or not) and the interface is user friendly. Concordances are shown in KeyWord in Context format, while File view highlights the search term(s) or string in the file as a whole and can also be reached from the concordance view (see below). The Concordance plot view shows the distribution of the search term in the text. Several windows can be open at the same time.

Global settings - Tags gives the option of showing or hiding tags in general, or in Conc/Plot/File View Search, or of hiding only non-embedded (<>), embedded () &/or teiHeader tags. The default is Show tags and Hide these 3. However, the Concordance window shows the same (default) whichever is chosen.

Tool Preferences allows the search term to be hidden and replaced with a string of Xs. This is not advisable if the search term includes the token in the form of an asterisk (*_POS).

Wildcards for search strings are defined in Global Settings: * = zero or more characters, + = zero or one character, ? = any one character, @ = zero or one word, # = any one word, | = OR, & = non word.

File menu - Save Output (or Ctrl+S) produces a text file named antconc_results and a Save As box in which to enter the desired name and folder. Each line is labelled with the file from which it is extracted.

Using vertical tagged files in a concordance search with AntConc reads correctly but the window shows all three annotations (token, POS tag, lemma), reducing the legibility and the length of the context. Using the horizontal tagging output reduces each word to 'token_POS', so more of the context can be viewed in the concordance window, and more legibly.

In AntConc the 'window size' by default is 50 characters on either side of the search term. This can be increased (up to 100: higher numbers can be selected but appear not to increase the output length). No more than about 80 characters on each side can be viewed at one time in full screen mode (this may depend on screen size), but there is a bar to move the visible portion sideways to see other parts of higher 'window sizes'.

These are often still insufficient to identify uses associated with a wider context.

However, clicking on the search term in the Concordance window takes you to the File View window, enabling context checking; return to the Concordance window by clicking on its tab.

Specifying a different search string and clicking Start clears the previous search and performs the new one (there is no need to go to File - Clear Tool between each).

The Clone Results button opens a window with a copy of the Hit, KWIC and File panes to enable immediate comparisons of different results. More than one can be open at the same time but they cannot be saved.

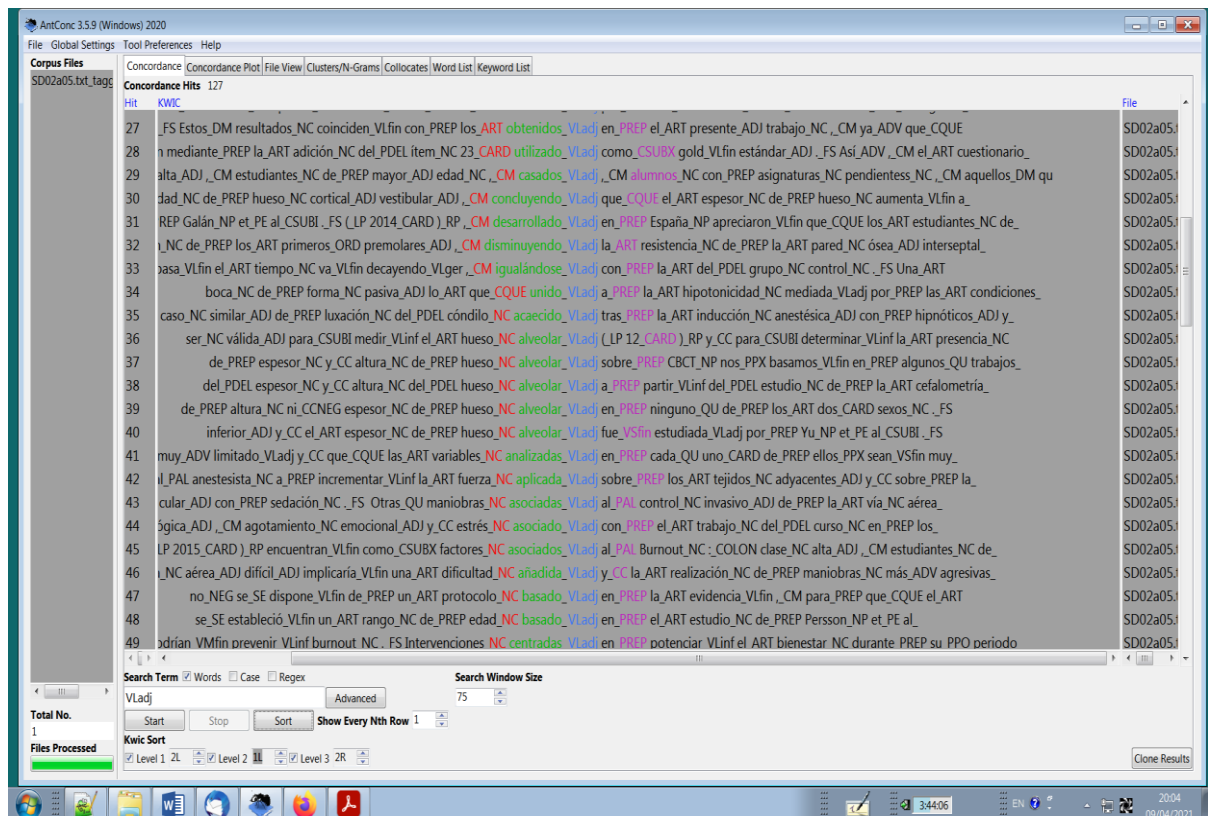
Some other points to take into account:

- i) AntConc identifies each result with its file name, so to identify the source of each instance, run a batch query rather than using merged files.
- ii) AntConc shows results with colour coding but saving them to .txt removes the colours.

iii) In AntConc Concordance tool preferences, the ‘Put delimiter around hits in KWIC display’ option can be unhelpful, as setting <tab> as the delimiter adds a variable number of spaces and makes them difficult to read, and the other delimiters available are punctuation marks.

iv) Concordance Sort levels: AntConc counts tags and lemmas as words, so these need to be added to the required number. E.g. if Spanish VLadj (TagAnt past participle) is 0, the verb itself will be 1L and the word before that 3L and its tag 2L, while the word following 0 is 1R and its tag 2R. The different levels are colour coded for easy identification.

However, a punctuation mark is not counted as a word, nor is a tag in the form of a punctuation mark, and nor is a number. For a level 3 2R, for instance, AntConc highlights the following word rather than a punctuation tag in letters, or highlights the tag of a number which is preceded by a bracket and its _LP tag in Spanish (see screenshot below), but ignores the ,_ of a comma in 4L position in an English text. In English, the hyphenated words treated as one token by AntTag are considered two words by AntConc



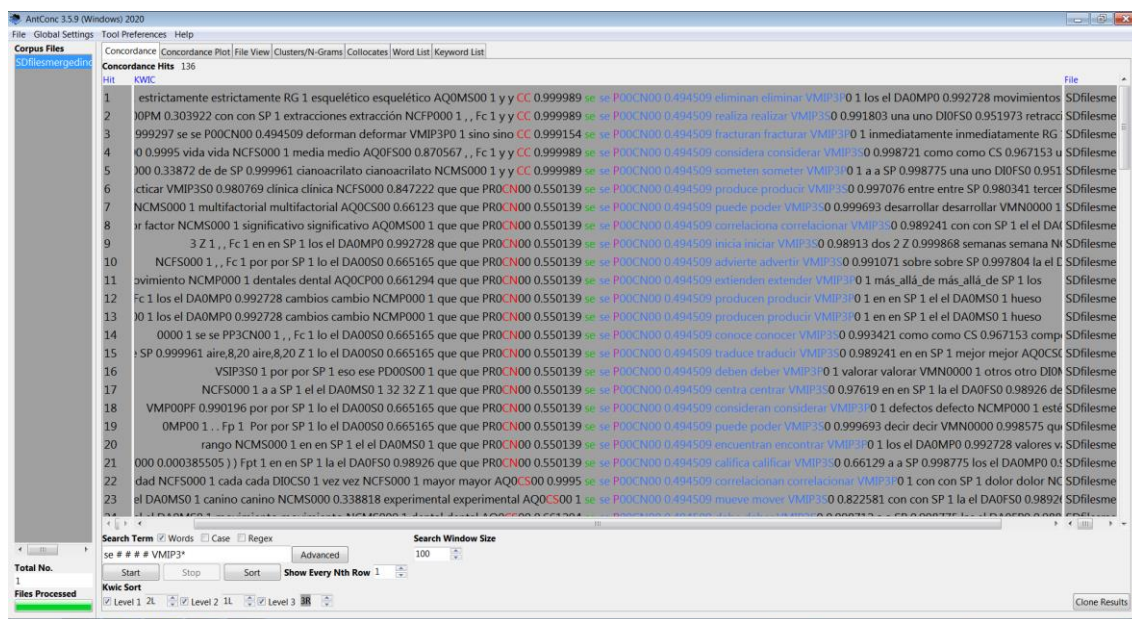
v) AntConc Sort shows results in alphabetical order of Level 1. For instance, with TagAnt POSs, if VLadj is 0 and level 1 is 1L the hits will be listed by the past participles (/adjectives/adjectival nouns) in A-Z order but if level 1 is 2L the order will be that of the tags of the preceding word.

Because of this reordering, concordancing with these sorting options makes it easy to identify word or part-of-speech combinations in nearby positions starting with just one tag (e.g. English VVN finds VHP + VBN + VVN ‘have been described’). This is helpful for designing more complex search queries, but the segments are not in the order in which they are found in the text.

vi) To identify only the string required, unmark the Words search term option and use wild cards. E.g. with the TagAnt tags, *_VHP *_VBN *_VVN only finds a segment containing ‘have been <past participle>’; with FreeLing, se # # ## VMIP3* finds se with the 3rd p. present indicative (pronominal or reflexive). However, if using words as part of the string leave this box marked (the wildcards still work) as otherwise, a search for se + VMII3 includes *estadounidense* as an instance of se.

vii) Although with TagAnt the past tense and past participle have different tags, in practice VBD and VHD (past tenses) need to be sorted with 3R-1L-2L to discard compound verbs manually. With VDD the 5R-3R-2L highlight should distinguish *did not <verb>* and the emphatic auxiliary, but all instances in this corpus were misclassified as main verbs.

viii) A difficulty with the FreeLing POSs is that AntConc treats letters preceded or followed by zeros as separate words, making it difficult to specify a uniform sort order to highlight (see screenshot below)



Other reasons for choices of tools

Both TagAnt and FreeLing are free, as is AntConc. TagAnt and AntConc have a small footprint, can be located in any folder and are easy to use. All three programs require utf-8 plain text. Notepad++ converts files to plain text formats and can be used for more readable editing and more sophisticated searching than in some other text editors. Spreadsheets (such as Microsoft Office’s Excel) can perform a large number of mathematical operations for descriptive statistics and I am familiar with their use.

My reasons for not using alternative programs were, for file conversion, that AntFileConverter converts pdf and docx but not doc and my corpus contained some .doc files but no pdf files, while Notepad++ converts doc as well as docx. Notepad++ is also more useful for mark-up than Microsoft’s Notepad, not only because it is far more legible but also because its Extended search mode enables line breaks and new lines to be included in Find and Replace operations. It also provides batch find and replace functions and searches using regular expressions.

Of the POS taggers I looked into, Helmut Schmid’s TreeTagger requires prior installation of a Perl interpreter and although IULMA’s treetagger (based on Schmid’s) is reported by Parra and Martínez (2015) to be more fine-grained for Spanish than the Spanish tagset used by TagAnt (the simpler of the two provided in TreeTagger), it cannot be downloaded

or used directly. Indeed, many of the links to the corpus tools listed on the IULA website were broken, including those to all the demonstration taggers.

For concordancing, the free version of WordSmith is very old and although more recent versions are not expensive, I did not need the other features and options provided by this program. In addition, it uses plain text files in .tag format rather than .txt and while this would not have been a problem with FreeLing, TagAnt does not offer .tag as an output option and other programs do not recognise it. Sketch Engine is online, so unsuitable for professional or confidential documents, and requires payment. I did not investigate MonoconcEsy, a new version of MonoConc Pro that has fewer features and options and is free for individuals for non-commercial research, but is 32-bit software and is reported to cause problems on some 64-bit computers.

Appendix 2. Tags

a) English POS tags for the categories used

TagAnt

(58-tag set, source <https://courses.washington.edu/hypertext/csar-v02/penntable.html>)

POS Tag	Description	Example
RB	adverb	<i>however, usually, here, not</i>
RBR	adverb, comparative	<i>better</i>
RBS	adverb, superlative	<i>best</i>
VB	verb <i>be</i> , base form	<i>be</i>
VBD	verb <i>be</i> , past	<i>was/were</i>
VBG	verb <i>be</i> , gerund/participle	<i>being</i>
VBN	verb <i>be</i> , past participle	<i>been</i>
VBZ	verb <i>be</i> , pres, 3rd p. sing	<i>is</i>
VBP	verb <i>be</i> , pres non-3rd p.	<i>am/are</i>
VD	verb <i>do</i> , base form	<i>do</i>
VDD	verb <i>do</i> , past	<i>did</i>
VDG	verb <i>do</i> gerund/participle	<i>doing</i>
VDN	verb <i>do</i> , past participle	<i>done</i>
VDZ	verb <i>do</i> , pres, 3rd per.sing	<i>does</i>
VDP	verb <i>do</i> , pres, non-3rd per.	<i>do</i>
VH	verb <i>have</i> , base form	<i>have</i>
VHD	verb <i>have</i> , past	<i>had</i>
VHG	verb <i>have</i> , gerund/participle	<i>having</i>
VHN	verb <i>have</i> , past participle	<i>had</i>
VHZ	verb <i>have</i> , pres 3rd per.sing	<i>has</i>
VHP	verb <i>have</i> , pres non-3rd per.	<i>have</i>
VV	verb, base form	<i>take</i>
VVD	verb, past tense	<i>took</i>
VVG	verb, gerund/participle	<i>taking</i>
VVN	verb, past participle	<i>taken</i>
VVP	verb, present, non-3rd p.	<i>take</i>
VVZ	verb, present 3d p. sing.	<i>takes</i>

FreeLing

(<https://freeling-user-manual.readthedocs.io/en/v4.0/tagsets/tagset-en/>)

Part of Speech: adverb

Tag **Attributes**

- RB **pos:** *adverb*; **type:** *general*
RBR **pos:** *adverb*; **type:** *general*; **degree:** *comparative*
RBS **pos:** *adverb*; **type:** *general*; **degree:** *superlative*
WRB **pos:** *adverb*; **type:** *interrogative*

Part of Speech: verb

Tag **Attributes**

- MD **pos:** *verb*; **type:** *modal*
VBG **pos:** *verb*; **vform:** *gerund*
VB **pos:** *verb*; **vform:** *infinitive*
VBN **pos:** *verb*; **vform:** *participle*
VBD **pos:** *verb*; **vform:** *past*
VBP **pos:** *verb*; **vform:** *personal*
VBZ **pos:** *verb*; **vform:** *personal*; **person:** 3

b) Spanish POS tags for the categories used

FreeLing

(<https://freeling-user-manual.readthedocs.io/en/v4.0/tagsets/tagset-es/>)

Part of Speech: pronoun

Position	Attribute	Values
0	category	P: <i>pronoun</i>
1	type	D: <i>demonstrative</i> ; E: <i>exclamative</i> ; I: <i>indefinite</i> ; P: <i>personal</i> ; R: <i>relative</i> ; T: <i>interrogative</i>
2	person	1: 1; 2: 2; 3: 3
3	gen	F: <i>feminine</i> ; M: <i>masculine</i> ; C: <i>common</i>
4	num	S: <i>singular</i> ; P: <i>plural</i> ; N: <i>invariable</i>
5	case	N: <i>nominative</i> ; A: <i>accusative</i> ; D: <i>dative</i> ; O: <i>oblique</i>
6	polite	P: <i>yes</i>

(It was easier just to use the lemma SE in the query string.)

Part of Speech: verb

Position	Attribute	Values
0	category	V:verb
1	type	M:main; A:auxiliary; S:semiauxiliary
2	mood	I:indicative; S:subjunctive; M:imperative; P:participle; G:gerund; N:infinitive
3	tense	P:present; I:imperfect; F:future; S:past; C:conditional
4	person	1:1; 2:2; 3:3
5	num	S:singular; P:plural
6	gen	F:feminine; M:masculine; C:common

TagAnt

(58-tag set, source <https://www.cis.uni-muenchen.de/~schmid/tools/TreeTagger/data/spanish-tagset.txt>)

SE	Se (as particle)
VCLlger	clitic gerund verb
VCLlinf	clitic infinitive verb
VCLlfin	clitic finite verb
VEadj	Verb estar. Past participle
VEfin	Verb estar. Finite
VEger	Verb estar. Gerund
VEinf	Verb estar. Infinitive
VHadj	Verb haber. Past participle
VHfin	Verb haber. Finite
VHger	Verb haber. Gerund
VHinf	Verb haber. Infinitive
VLadj	Lexical verb. Past participle
VLfin	Lexical verb. Finite
VLger	Lexical verb. Gerund
VLinf	Lexical verb. Infinitive
VMadj	Modal verb. Past participle
VMfin	Modal verb. Finite
VMger	Modal verb. Gerund
VMinf	Modal verb. Infinitive
VSadj	Verb ser. Past participle
VSfin	Verb ser. Finite
VSger	Verb ser. Gerund
VSinf	Verb ser. Infinitive

c) Error tags

GVT (tense): Only with past reference, not modals as such, not concordance, word order, choice of verb, register or style.

GVV (voice): Only if impossible in the original context and only for the tenses studied.

GVM (morphology): Only for the tenses studied.

GVNF (non-finite): Can enclose longer sequences because the error often involves word order.

L (lexis): Only sentence-initial connectors showing the direction of the argument, not sequence of events, enumeration or 'for example', and only misuse, not register or style (repetition).

CF: For all the above, the corrected target form. Tags without CF are for the purpose of calculating error rates.

Examples of the tagging scheme:

(Only the above error categories have been marked or corrected, all other errors have been left as found .in the original texts)

<L>Obviously</L>, HIV infection might also play an important role in these complications. <L CF=Indeed>In fact</L>, several periodontal lesions [...] have been described in HIV positive patients. <ED01>

Even though periapical x-ray did not show enough accuracy to precisely determine the peri-implant defect characteristics, it <GVNF CF= allowed <NP> to be identified><GVT CF=allowed/did allow>allows</GVT>identifying the supracrestal and intrabony components</GVNF>. <ED02>

<L>Consequently</L>, a combination of a granulate bone substitute plus an additional layer of a soft-block bone substitute <GVV CF=aims/is intended>is aimed</GVV> to achieve a stable coagulum with high potential for bone regeneration around the implant surface while keeping as much volume as possible to the buccal and occlusal areas <ED04>

Appendix 3. POS query strings by time reference group

a) English (TagAnt tags)

Past continuing into present: *present simple* and identify use manually. Non 3rd p sing *_VVP, 3rd p sing *_VVZ. Periphrases and negatives: *is - am/are (not)* (e.g. “is/are (not) in agreement”): *_VBZ *_* *_NN, *_VBP *_* *_NN, *_VBZ not_RB *_* *_NN, *_VBP not_RB *_* *_NN; *does not/do not*: *_VDZ not_RB, *_VDP not_RB; *has not/have not*: *_VHZ not_RB, *_VHP not_RB. *Present passive* and identify use manually: *_VBZ *_VVN, *_VBP *_VVN, *_VBZ *_RB *_VVN, *_VBZ *_not_RB *_RB *_VVN, *_VBP *_RB *_VVN, *_VBP not_RB *_RB *_VVN. *Present progressive* lies outside the scope of this study.

Past: *past simple*: *_VVD, *_VBD, *_VDD, *_VHD. Although past and past participle have different tags, in practice with VBD (*be*) and VHD (*have*) I needed to use 3R-1L-2L to discard compound verbs. With *_VDD, 5R-3R-2L highlighting should distinguish *did not <verb>* and emphatic auxiliary, but no instances were found in this corpus other than those misclassified as main verbs. *Past progressive*: *was/were + gerund/participle (-ING)*: *_VBD *_VVG, *_VBD *_RB *_VVG, *_VBD not_RB *_RB *_VVG. *Past passive*: *was/were + past participle (-ED)*: *_VBD *_VVN ; with adverb: *_RB and negative and adverb not_RB *_RB after 1st verb.

Perfect: *Present perfect simple* [Quirk: perfective past]: *has + past participle (-ED)*: *_VHZ *_VVN, *have + past participle -ED*: *_VHP *_VVN; with adverb *_RB and negative and adverb not_RB *_RB after 1st verb. *Present perfect progressive*: *has/have + been + gerund/participle (-ING)*: *_VHZ *_VBN *_VVG, *_VHP *_VBN *_VVG; with adverb *_RB and negative and adverb not_RB *_RB after 1st verb. *Passive present perfect*: *has/have been + past participle (-ED)*: *_VHZ *_VBN *_VVN, *_VHP *_VBN *_VVN; with adverb *_RB and negative and adverb not_RB *_RB after 1st verb. *Passive present perfect progressive* (*was/were + being + past part. -ED*): *_VBD *_VBG *_VVN; with adverb *_RB and negative and adverb not_RB *_RB after 1st verb

Pluperfect: *Past perfect simple:* had + past participle had/been/-ED: *_VHD *_VVN; had had: *_VHD *_VHN; had been: *_VHD *_VBN; with adv*_RB and negative and adverb **not_RB *_RB** after 1st verb. *Past perfect progressive* had + been + gerund/participle -ING: *_VHD *_VBN *_VVG; with adv*_RB and negative and adverb **not_RB *_RB** after 1st verb. *Passive past perfect* [Quirk: perfective passive past]: had been + -ED: *_VHD *_VBN *_VVN; with adv*_RB and negative and adverb **not_RB *_RB** after 1st verb.

b) Spanish (FreeLing tags)

In Spanish, adverbs are not placed between the constituent elements of compound verbs. This reduced the number of searches required.

Past continuing into present: *present tense:* VMIP* and sort 2L to highlight the token, *present passive:* VAIP* # # # VMP* with 1L to sort by lemma, *se + present tense:* SE # # # # VMIP3* and, in this and all the following cases, distinguish the *se*-impersonal manually from reflexives and other constructions with *se*.

Past: Imperfect: VMII* with 2L, *se # # # # VMII3* with 2L, 1L and 1R, Imperfect progressive* (Schmitt) / *Imperfect continuous* (Butt) (imperfect of *estar* (/seguir/ir/andar) + present participle): VAII* # # # VMP* with 2L, 1L and 1R, *se + imperfect:* se # # # # VMII3* with 2L, 1L and 1R. *Preterite, also known as Past definite:* VMIS* with 2L, *Preterite progressive/continuous:* VAIS* # # # VMP* with 2L, 1L and 1R, *Preterite passive:* VAIS* # # # VMP* with 1L, *se + preterite:* se # # # # VMIS3*

Perfect: *Present perfect* (Schmitt) / *Perfect* (Butt) (present *haber* + past participle: *ha(n) hablado*): VAIP* # # # VMP* with 2L, *present perfect passive* (*ha sido descrito*) VAIP* # # # VAP* # # # VMP*, *se + present perfect:* SE # # # # VAIP3* # # # VMP*

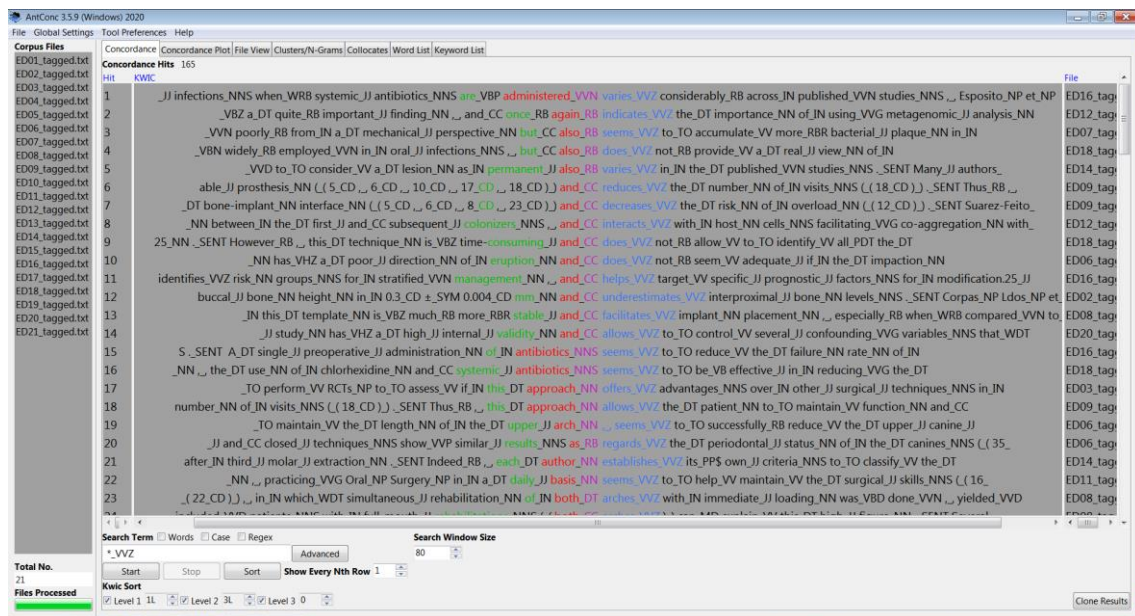
Pluperfect: *Pluperfect* (imperfect *haber* + past participle: *había hablado*): VAII* # # # VMP* with 2L, *pluperfect passive* (*había sido descrito*): VAII* # # # VAP* # # # VMP*, *se + pluperfect:* SE # # # # VAII3* # # # VMP*; *Preterite perfect* (preterite *haber* + past participle: *hube hablado*). VAIS* # # # VMP* with 2L

With the TreeTagger tagset for Spanish, all the simple tenses would have been *_**VLfin**, all tenses with *estar* and a present participle/gerund *_**VEfin** *_**VLger**, compound verbs with *haber* and a past participle *_**VHfin** *_**VLadj**, passives *_**VSfin** *_**VLadj** or *_**VHfin** *_**VSadj** *_**Vladj** and *se*-impersonal queries would have placed **SE** in front of the relevant string.

Appendix 4. Concordance screenshots (English) and text output (Spanish)

a) English

* **_VVZ** (*present tense: 3rd p sing*): 165, of which 12 instances are misclassified plural nouns (burs, arches, implants, discs, pins, bruxists) and 1 past continuing into the present (No. 157, ED16, “It is also interesting to consider a previous report by Camps-Font et al.4, which shows that the loaded implants that previously suffered a postoperative infection have a poor outcome ...”)



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AntConc 3.5.9 (Windows) 2020
File Global Settings Tool Preferences Help
Corpus Files Concordance Concordance Plot File View Clusters/N-Grams Collocates Word List Keyword List
Concordance Hits 165
Hit KWIC
24 included_VVD patients_NNS with_IN full-mouth_JJ rehabilitations_NNS ((both_CC arches_VWZ)) can_MD explain_VV this_DT high_JJ figure_NN _SENT Several_ ED08_tag
25 DT canine_JJ ((41_CD)) _SENT The_DT position_NN of_IN the_DT canine_NN seems_VWZ to_TO have_VH an_DT effect_NN on_IN the_DT ED06_tag
26 DT rate_NN of_IN success_NN when_WRB tractioning_VVG impacted_JJ canines_NNS differs_VWZ among_IN studies_NNS (:70.5_CD % NN ((41_CD)) to_TO 100_CD % NN ((ED06_tag
27)) _SENT The_DT perception_NN of_IN difficulty_NN of_IN the_DT case_NN seems_VWZ to_TO increase_VV with_IN 3-D_JJ examination_NN and_CC 3- ED06_tag
28 facts_NNS ((Benic_NP et_NP al_NP _SENT 2013_LS)) _SENT Also_RB _CBCT_NP implies_VWZ more_JJR radiation_NN to_TO patients_NNS _and_CC is_VBZ ED02_tag
29 al_NP _SENT ((2011_LS)) observed_VVN in_IN animals_NNS that_IN that_CBCT_NP underestimates_VWZ bone_NN defect_NN depth_NN about_IN 1.17_CD mm_NN when_ ED02_tag
30 ENT According_VVG to_TO Ritter_NP et_FW al_NP _SENT ((2014_CD)) _CBCT_NP overestimates_VWZ the_DT buccal_JJ bone_NN height_NN in_IN 0.3_CD ± SYM 0.004_ ED02_tag
31 d_JJ surgery_NN to_TO uncover_VV the_DT implants_NNS ((6_CD _and_ 8_CD _and_ 17_CD)) _and_ avoids_VWZ the_DT use_NN of_IN a_DT removable_JJ prosthesis_NN ((5_ ED09_tag
32 that_IN that a_DT temporary_JJ reduction_NN in_IN CD4_NP cell_NN counts_VWZ after_IN implant_NN placement_NN may_MD happen_VV due_JJ ED09_tag
33 _TO the_DT low_JJ elastic_JJ modulus_NN and_CC this_DT characteristic_NN reduces_VWZ the_DT amount_NN of_IN stress_NN transmitted_VVN to_TO ED09_tag
34 _RBR critical_JJ finding_NN than_IN if_IN the_DT same_JJ complication_NN occurs_VWZ later_RBR _because_IN the_DT process_NN of_IN osseointegration_NN ED16_tag
35)) _SENT This_DT direct_JJ contact_NN observed_VVN in_IN a_DT CT_NP seems_VWZ to_TO result_VV in_IN an_DT increased_VVN risk_NN ED14_tag
36 _NN augmentation_NN procedures_NNS _and_CC MD be_VB seen_VVN in_IN CT_NP scans_VWZ since_IN these_DT vessels_NNS are_VBP mostly_RB intraosseous23_JJ _ ED10_tag
37 _TO support_VV that_IN that performing_VVG a_DT preoperative_JJ CT_NP does_VWZ not_RB seem_VV to_TO significantly_RB decrease_VV the_DT ED14_tag
38)) _SENT in_IN a_DT previous_JJ study_NN using_VVG only_JJ cutting_NN burrs_VWZ under_IN standardized_JJ conditions_NNS _the_DT smoothest_JJ surface_NN ED15_tag
39 _DT most_RBS common_JJ tool_NN _but_CC it_PP is_VBZ demanding_VVG _requires_VWZ experience_NN _knowledge_NN and_CC ability_NN _SENT TO_TO less_ ED10_tag
40 JJ maxillary_JJ expansion_NN in_IN the_DT early_JJ mixed_JJ dentition_NNS seems_VWZ to_TO improve_VV eruption_NN rate_NN of_IN the_DT ED06_tag
41 P overlapping_VVG with_IN adjacent_JJ teeth_NNS _while_IN 3-D_JJ diagnosis_NN increases_VWZ the_DT chances_NNS of_IN indication_NN of_IN an_DT ED06_tag
42 N conducting_VVG a_DT 5_CD burr_NN implantoplasty_NN procedure_NN ((diamond_NN burr_VWZ 106_CD _and_ 40_CD _and_ 15-µm_NP grit_NN _plus_IN Brownie_NP @_SYM and_ ED15_tag
43 after_IN conducting_VVG an_DT IP_NP procedure_NN combining_VVG 3_CD diamond_NN burr_VWZ and_CC 2_CD silicone_NN polishers_NNS during_IN 21_CD minutes_NNS ((ED21_tag
44 _NNS appearing_VVG after_IN 5_CD years_NNS follow-up_NN in_IN edentulous_JJ arches_VWZ restored_VVN with_IN CAD-CAM_NP metal-resin_NN or_CC ED19_tag
45 inflammatory_JJ signs_NNS)) that_IN that the_DT blood_NN clot_NN either_CC fails_VWZ to_TO form_VV _or_CC that_IN that it_PP is_ ED18_tag
46 do_VP correlate_NN between_IN each_DT other_JJ _SENT This_DT fact_NN prevents_VWZ use_NN of_IN these_DT variables_NNS together_RB in_IN ED06_tag

Search Term Words Case Regex Search Window Size
*VWZ Advanced 80
Start Stop Sort Show Every Nth Row 1
KWIC Sort
Level 1 1L Level 2 3L Level 3 0
Total No. 21
Files Processed

AntConc 3.5.9 (Windows) 2020
File Global Settings Tool Preferences Help
Corpus Files Concordance Concordance Plot File View Clusters/N-Grams Collocates Word List Keyword List
Concordance Hits 165
Hit KWIC
47 J ((1_LS)) =_SYM 12.34_CD :_P_NN <_SYM 0.001_CD)) _SENT This_DT fact_NN suggests_VWZ that_IN that a_DT certain_JJ implant_NN wall_NN thickness_ ED21_tag
48 _IN that this_DT complication_NN has_VHZ a_DT delayed-onset_NN ((generally_RB occurs_VWZ one_CD month_NN after_IN the_DT surgical_JJ procedure_NN)) _ ED16_tag
49 _JJ to_TO those_DT observed_VVN in_IN the_DT control_NN IC_NP implants_VWZ _SENT Besides_RB _the_DT thickness_NN of_IN the_DT wall_ ED21_tag
50 _TO increase_VV with_IN 3-D_JJ examination_NN and_CC 3-D_JJ image_NN leads_VWZ more_RBR often_RB to_TO an_DT approach_NN of_IN ED06_tag
51 NN and_CC traction_NN direction_NN ((38_CD)) _SENT The_DT 3-D_JJ imaging_NN seems_VWZ to_TO be_VB an_DT excellent_JJ aid_NN in_IN ED06_tag
52 D reported_VVN _SENT However_RB _the_DT degree_NN of_IN immunosuppression_NN seems_VWZ to_TO be_VB an_DT important_JJ variable_NN _and_CC ED01_tag
53 ateral_JJ incisors_NNS ((24_CD _and_ 26_CD)) _and_CC canine_JJ impaction_NN seems_VWZ to_TO have_VH a_DT genetic_JJ background_NN ((23_CD)) _SENT ED06_tag
54 iate_VV an_DT early_JJ treatment_NN _SENT Generally_RB _rough_JJ implant_NN surfaces_VWZ enhance_VV initial_JJ adhesion_NN _attachment_NN _and_CC colonization ED16_tag
55 n_JJ in vitro_NN investigation_NN have_VHP shown_VVN that_IN that implantoplasty_NN does_VWZ not_RB significantly_RB decrease_VV the_DT maximum_JJ compression_NN ED15_tag
56 Some_DT authors_NNS suggest_VVP that_DT F_NN _SENT Nucleatum_NN infection_NN facilitates_VWZ the_DT attachment_NN of_IN P_NN _SENT Gingivitis_NNS to_ ED12_tag
57 orientation_NN and_CC to_TO poor_JJ anchorage_NN ((38_CD)) _but_CC it_PP seems_VWZ that_IN that the_DT majority_NN of_IN cases_NNS can_ ED06_tag
58 _VWZ low_JJ virulence_NN in_IN experimental_JJ mono-infections_NNS but_CC it_PP seems_VWZ to_TO play_VV an_DT important_JJ role_NN in_IN ED12_tag
59 a_DT predictable_JJ technique_NN ((1_CD _and_ 5_CD _and_ 9-11_CD)) _SENT it_PP reduces_VWZ patient_JJ discomfort_NN during_IN the_DT osseointegration_NN period_NN ED09_tag
60 y_RB determine_VV the_DT peri-implant_NN defect_NN characteristics_NNS _it_PP allows_VWZ identifying_VVG the_DT supracrestal_JJ and_CC intrabony_JJ components_NNS ED02_tag
61 nt_NN ((8_CD _and_ 10_CD _and_ 11_CD _and_ 17_CD)) _SENT Furthermore_RB _it_PP improves_VWZ patient_JJ acceptance_NN since_IN treatment_NN time_NN and_CC ED09_tag
62 NNS on_IN prosthetic_JJ material_NN selection_NN _SENT Furthermore_RB _it_PP seems_VWZ that_IN that no_DT material_NN for_IN full-arch_JJ ED19_tag
63 _NN in_IN the_DT short_JJ term64_NN _NN 66_CD However_RB _it_PP seems_VWZ reasonable_JJ to_TO assume_VV that_DT peri-implant_NN bone_ ED03_tag
64 _IN opposing_VVG dentition_NN ((4_CD _and_ 19_CD)) _SENT However_RB _it_PP seems_VWZ reasonable_JJ to_TO expect_VV fractures_NNS to_TO occur_VV ED09_tag
65 to_TO influence_VV the_DT treatment_NN outcomes38_NN Nevertheless_RB _it_PP seems_VWZ reasonable_JJ to_TO assume_VV that_IN that the_DT severity_ ED16_tag
66 the_DT duration_NN of_IN the_DT canine_JJ traction_NN _SENT it_PP seems_VWZ that_IN that proximity_NN of_IN the_DT canine_NN to_ ED06_tag
67 pockets_NNS _but_CC also_RB in_IN asymptomatic_JJ cases_NNS _SENT it_PP shows_VWZ low_JJ virulence_NN in_IN experimental_JJ mono-infections_NNS but_CC ED12_tag
68 NN method_NN ((pyrosequencing_NN)) _SENT in_IN our_PP\$ opinion_NN _it_PP allows_VWZ a_DT more_JJR complet_NN and_CC detailed_JJ gathering_NN ED12_tag
69 NP seems_VWZ to_TO be_VB more_RBR elastic_JJ since_IN it_PP resists_VWZ 5_CD mm_NN of_IN traction_NN without_IN breaking_NN _SENT ED07_tag

Search Term Words Case Regex Search Window Size
*VWZ Advanced 80
Start Stop Sort Show Every Nth Row 1
KWIC Sort
Level 1 1L Level 2 3L Level 3 0
Total No. 21
Files Processed

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The screenshot shows the AntConc 3.5.9 interface. The search term is '*VVZ'. The concordance results are displayed in a table with columns for 'File', 'Hit', and 'KWIC'. The text is a concordance of the search term within the context of the surrounding text. The search window size is set to 80. The total number of hits is 21, and all files have been processed.

This screenshot is identical to the one above, showing the same concordance results for the search term '*VVZ' in AntConc 3.5.9. The interface elements, including the search term, concordance table, and file list, are consistent with the previous image.

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File Global Settings Tool Preferences Help

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Concordance Hits 165

Hit KWIC

116 NNS are_VBP found_VVN , the_DT positive_JJ predictive_JJ value_NN still_RB remains_VVZ small_JJ , probably_RB due_JJ to the_DT low_JJ ED14_tag
117 _RB , to the_DT authors'_JJ knowledge_NN , this_DT cohort_NN study_NN acids_VVZ new_JJ and_CC useful_JJ information_NN to the_DT ED16_tag
118 al_NP _SENT 2012_LS) found_VVN on_IN implants_NNS _SENT Our_PP\$ study_NN contradicts_VVZ such_JJ statement_NN since_IN P_NN _SENT gingivitis_NNS was_ ED12_tag
119 _NN ((50_CD)) _SENT The_DT results_NNS of_IN the_DT present_JJ study_NN compares_VVZ with_IN Schubert_NP and_CC Baumer's_NP article_NN ((time_ ED06_tag
120 _J) tissue_NN contour_NN ((5_CD)) _SENT This_DT retrospective_JJ study_NN demonstrates_VVZ that_DT fracture_NN of_IN the_DT provisional_JJ prostheses_NNS ED09_tag
121 after_IN a_DT postoperative_JJ infection_NN _SENT Thus_RB , this_DT study_NN provides_VVZ data_NNS that_WDT will_MD help_VV clinicians_NNS to the_DT ED16_tag
122 _NN may_MD receive_VV unfavorable_JJ forces_NNS if_IN the_DT surgeon_NN starts_VVZ his_PP\$ surgical_JJ approach_NN luxating_VVG on_IN the_DT ED14_tag
123 _VBZ located_VVN in_IN an_DT area_NN where_WRB the_DT surgeon_NN expects_VVZ that_IN that bone_NN removal_NN will_MD be_VB necessary_ ED14_tag
124 _IN a_DT simple_NN with_IN a_DT horizontal_JJ mattress_NN suture_NN resists_VVZ a_DT significantly_RB higher_JJ tension_NN than_IN both_DT ED07_tag
125 _NN of_IN a_DT simple_JJ and_CC a_DT mattress_NN suture_NN achieves_VVZ the_DT highest_JJ TS_NP , a_DT good_JJ option_NN ED07_tag
126 _IN the_DT surgeon's_NN experience_NN _SENT However_RB , this_DT system_NN seems_VVZ to offer_VV more_JJ advantages_NNS to the_DT novice_NN ED20_tag
127 C communication_NN with_IN both_DT patients_NNS and_CC dental_JJ technicians_NNS becomes_VVZ simpler_JJR ((23_CD)) _SENT Nevertheless_RB , with_IN the_DT present_ ED08_tag
128 N surgical_JJ procedures_NNS _SENT The_DT vascular_JJ staining_VVG technique_NN allows_VVZ an_DT easy_JJ identification_NN of_IN the_DT vascular_JJ ED10_tag
129 meter_NN (Fig_NP _SENT 13_15) _SENT Moreover_RB , this_DT technique_NN detects_VVZ any_DT anatomic_JJ variation_NN in_IN a_DT very_RB ED10_tag
130 omplications_NNS _SENT Fracture_NN or_CC wearing_VVG of_IN acrylic_JJ teeth_NNS seems_VVZ to be_VB more_RBR frequent_JJ in_IN anterior_JJ ED19_tag
131 _RB due_JJ to the_DT use_NN of_IN abutments_NNS that_WDT reduces_VVZ the_DT width_NN of_IN the_DT provisional_JJ restoration_NN ((22_ ED09_tag
132 _IN the_DT treatment_NN itself_PP : growth_NN of_IN bone_NN that_WDT retains_VVZ the_DT traction_NN chain_NN ((37_CD)) , obstruction_NN of_IN the_ ED06_tag
133 _SENT Alveolar_JJ osteitis_NN is_VBZ a_DT painful_JJ complication_NN that_WDT occurs_VVZ frequently_RB after_IN dental_JJ extractions_NNS _SENT Several_JJ reports_ ED18_tag
134 _CC maxillofacial_JJ anatomy_NN is_VBZ a_DT basic_JJ element_NN that_WDT needs_VVZ to be_VB considered_VVN in_IN the_DT daily_JJ ED05_tag
135 _CC maxillofacial_JJ anatomy_NN is_VBZ a_DT basic_JJ element_NN that_WDT needs_VVZ to be_VB considered_VVN in_IN the_DT daily_JJ ED10_tag
136 _NN , the_DT present_JJ report_NN is_VBZ the_DT first_JJ that_WDT assesses_VVZ the_DT effect_NN of_IN IP_NP on_IN narrow-diameter_ ED21_tag
137 _DT removable_JJ abutment_NN mimicking_VVG a_DT dental_JJ implant_NN that_WDT allows_VVZ the_DT collection_NN of_IN biofilms_NNS without_IN disruption_NN ED17_tag
138 _VV a_DT light_JJ degree_NN of_IN bone_NN loss_NN that_WDT remains_VVZ undetected_JJ in_IN periapical_JJ radiographs_NNS _SENT ED02_tag

Search Term *VVZ Words Case Regex Search Window Size 80

Total No. 21 Files Processed

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Corpus Files Concordance Concordance Plot File View Clusters/N-Grams Collocates Word List Keyword List

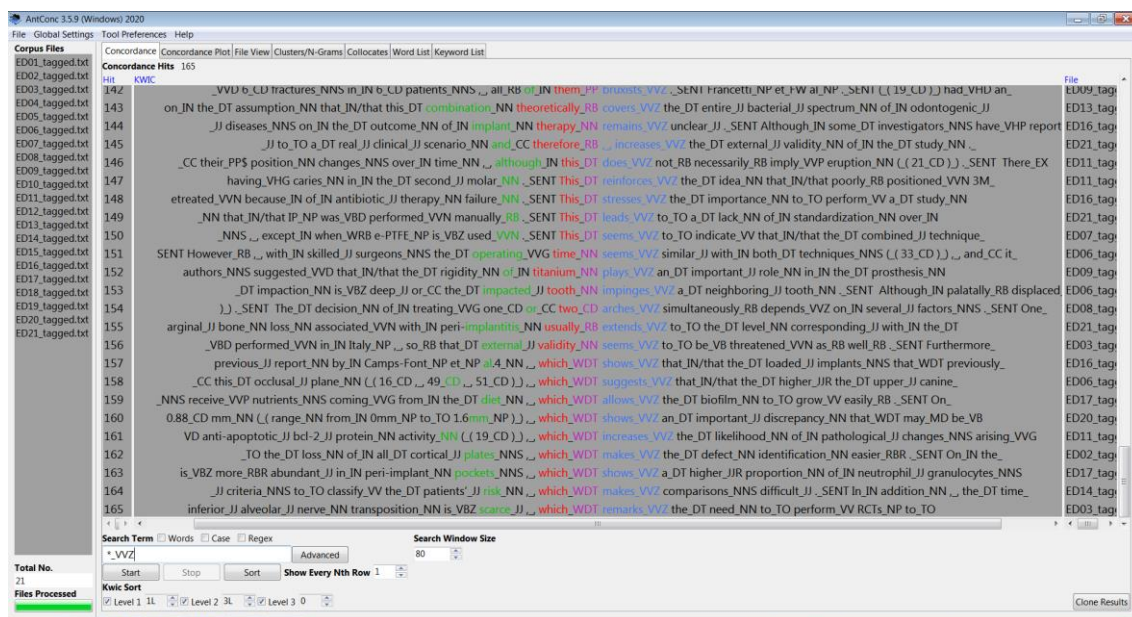
Concordance Hits 165

Hit KWIC

139 /that_it_PP is_VBZ a_DT highly_RB demanding_JJ procedure_NN , that_WDT involves_VVZ a_DT multidisciplinary_JJ and_CC coordinated_VVN approach_NN ((oral_JJ ED08_tag
140 _VVN 3M_NP have_VHP a_DT higher_JJ caries_NN risk_NN that_WDT increases_VVZ with_IN age_NN because_IN of_IN a_DT cumulative_JJ ED11_tag
141 pressure_NN and_CC number_NN of_IN times_NNS that_IN that the_DT bus_VVZ were_VBD applied_VVN on_IN the_DT implant_NN surface_NN _ ED21_tag
142 _VVD 6_CD fractures_NNS in_IN 6_CD patients_NNS all_RB in_IN them_PP bruists_VVZ _SENT Francetti_NP et_FW al_NP _SENT ((19_CD)) had_VHD an_ ED09_tag
143 on_IN the_DT assumption_NN that_IN that this_DT combination_NN theoretically_RB covers_VVZ the_DT entire_JJ bacterial_JJ spectrum_NN of_IN odontogenic_JJ ED13_tag
144 _JJ diseases_NNS on_IN the_DT outcome_NN of_IN implant_NN therapy_NN remains_VVZ unclear_JJ _SENT Although_IN some_DT investigators_NNS have_VHP report ED16_tag
145 _JJ to the_DT real_JJ clinical_JJ scenario_NN and_CC therefore_RB , increases_VVZ the_DT external_JJ validity_NN of_IN the_DT study_NN _ ED21_tag
146 _CC their_PP\$ position_NN changes_NNS over_IN time_NN , although_IN this_DT does_VVZ not_RB necessarily_RB imply_VVP eruption_NN ((21_CD)) _SENT There_EX ED11_tag
147 having_VHG caries_NN in_IN the_DT second_JJ molar_NN _SENT This_DT reinforces_VVZ the_DT idea_NN that_IN that poorly_RB positioned_VVN 3M_ ED11_tag
148 etreated_VVN because_IN of_IN antibiotic_JJ therapy_NN failure_NN _SENT This_DT stresses_VVZ the_DT importance_NN to the_DT perform_VV a_DT study_NN ED16_tag
149 _NN that_IN that IP_NP was_VBD performed_VVN manually_RB _SENT This_DT leads_VVZ to the_DT lack_NN of_IN standardization_NN over_IN ED21_tag
150 _NNS , except_IN when_WRB e-PFGE_NP is_VBZ used_VVN _SENT This_DT seems_VVZ to indicate_VV that_IN that the_DT combined_JJ technique_ ED07_tag
151 _SENT However_RB , with_IN skilled_JJ surgeons_NNS the_DT operating_VVG time_NN seems_VVZ similar_JJ with_IN both_DT techniques_NNS ((33_CD)) , and_CC it_ ED06_tag
152 authors_NNS suggested_VVD that_IN that the_DT rigidity_NN of_IN titanium_NN plays_VVZ an_DT important_JJ role_NN in_IN the_DT prosthesis_NN ED09_tag
153 _DT impactation_NN is_VBZ deep_JJ or_CC the_DT impacted_JJ tooth_NN impinges_VVZ a_DT neighboring_JJ tooth_NN _SENT Although_IN palatally_RB displaced_ ED06_tag
154)) _SENT The_DT decision_NN of_IN treating_VVG one_CD or_CC two_CD arches_VVZ simultaneously_RB depends_VVZ on_IN several_JJ factors_NNS _SENT One_ ED08_tag
155 arginal_JJ bone_NN loss_NN associated_VVN with_IN peri-implantitis_NN usually_RB extends_VVZ to the_DT level_NN corresponding_JJ with_IN the_DT ED21_tag
156 _VBD performed_VVN in_IN Italy_NP , so_RB that_DT external_JJ validity_NN seems_VVZ to be_VB threatened_VVN as_RB well_RB _SENT Furthermore_ ED03_tag
157 previous_JJ report_NN by_IN Camps-Font_NP et_NP al_4_NN , which_WDT shows_VVZ that_IN that the_DT loaded_JJ implants_NNS that_WDT previously_ ED16_tag
158 _CC this_DT occlusal_JJ plane_NN ((16_CD , 49_CD , 51_CD)) , which_WDT suggests_VVZ that_IN that the_DT higher_JJ JJR the_DT upper_JJ canine_ ED06_tag
159 _NNS receive_VVP nutrients_NNS coming_VVG from_IN the_DT diet_NN , which_WDT allows_VVZ the_DT biofilm_NN to grow_VV easily_RB _SENT On_ ED17_tag
160 0.88_CD mm_NN ((range_NN from_IN 0mm_NP to the_DT 1.6mm_NP)) , which_WDT shows_VVZ an_DT important_JJ discrepancy_NN that_WDT may_MD be_VB ED20_tag
161 VD anti-apoptotic_JJ bcl-2_JJ protein_NN activity_NN ((19_CD)) , which_WDT increases_VVZ the_DT likelihood_NN of_IN pathological_JJ changes_NNS arising_VVG ED11_tag

Search Term *VVZ Words Case Regex Search Window Size 80

Total No. 21 Files Processed



* **_VVP** (*present tense*: non 3rd p sing): 104, of which 3 are misclassified adjectives or nouns. Several are misclassified auxiliaries (*do* in *do not* or emphatic, with main verb classified as base form or noun, none of which are past continuing into present. 23 are past continuing into present: no. 6, ED20, “several authors show good results in clinical studies, and conclude that navigation systems are as good as static guides”; nos.8 to 20, ED13, 14, 01,09, 18, 07 20, 09, 12, 14, 20, 19, ... authors advise, use, administer, consider, agree, evaluate, claim, show, state, suggest, report, hypothesize ... ; no. 45, ED07, “There are many studies addressing this issue, but most use higher gauges”; no. 48, ED19, “most authors only report the survival ...”; nos. 55-58, ED06, 09, reports indicate, point out, suggest, seem to favor; no.66, ED11. “studies show that fracture is an extremely rare ...”; 68-69, ED17, 01, “most studies use techniques that...” “published studies reveal that ...”; no. 89, ED20, “is extracted from in-vitro studies that use artificial models”; no.90, ED17, “most studies use techniques that destroy the three-dimensional architecture”.

Tenses, non-finite verbs and sentence connectors in a dentistry corpus

SBA032 Trabajo de Final de Máster Investigador

Mary Georgina HARDINGE

Appendices

AntConc 3.5.9 (Windows) 2020

File Global Settings Tool Preferences Help

Corpus Files Concordance Concordance Plot File View Clusters/N-Grams Collocates Word List Keyword List

Concordance Hits 104

Hit KWIC

1 -24.8_CD_%_NN_were_VBD_observed_VVN_SENT_The_DT_combination_NN_of_IN_a_DT_granulate_VVP_DBBM_NP_plus_CC_a_DT_collagen_NN_matrix_NN_showed_VVD ED04_tag

2 new_JJ_bone_NN_SENT_Consequently_RB_a_DT_combination_NN_of_IN_a_DT_granulate_VVP_bone_NN_substitute_NN_plus_CC_an_DT_additional_JJ_layer_NN ED04_tag

3 average_NN_of_IN_11_CD_min_NN_(SD_NP = SYM 1_CD)_wax_VBD_able_JJ_produce_VVP_a_DT_minimal_JJ_implant_NN_diameter_NN_reduction_NN_restricted_VVN ED21_tag

4 _VVG_all_DT_bone_NN_to_TO_The_DT_cementoenamel_NN_junction_NN_and_CC_expect_VVP_spontaneous_JJ_eruption_NN_(32_CD)_SENT_However_RB_this_DT_meth ED06_tag

5 _NNS_are_VBP_in_IN_agreement_NN_with_IN_our_PPS_results_NNS_and_CC_demonstrate_VVP_that_IN/that_periapical_JJ_radiographs_NNS_are_VBP_a_DT_suitable_ ED02_tag

6 _NNS_show_VVP_good_JJ_results_NNS_in_IN_clinical_JJ_studies_NNS_and_CC_conclude_VVP_that_IN/that_navigation_NN_systems_NNS_are_VBP_as_RB_good_ ED20_tag

7 VVG_into_IN_consideration_NN_that_IN/that_antibiotics_NNS_and_CC_antiseptics_NNS_seem_VVP_to_TO_reduce_VV_The_DT_incidence_NN_of_IN_alveolar_JJ ED18_tag

8 _DT_finding_NN_is_VBZ_surprising_JJ_since_IN_very_RB_low_JJ_authors_NNS_advise_VVP_the_DT_use_NN_of_IN_broad-spectrum_NN_antibiotics_NNS_to_ ED13_tag

9 varies_VVZ_in_IN_the_DT_published_VVN_studies_NNS_SENT_Many_JJ_authors_NNS_daim_VVP_the_DT_term_NN_'_NN_permanent_JJ'__NN_to_TO_define_VV ED14_tag

10 _JJ_stability_NN_is_VBZ_present6-12_JJ_SENT_Hence_RB_most_JJIS_authors_NNS_administer_VVP_systemic_JJ_antibiotics_NNS_(usually_RB_amoxicillin_NN)_during_IN_the ED01_tag

11 healed_VVN_sites_NNS_(2_CD_3_CD_15_CD)_SENT_Most_JJIS_authors_NNS_consider_VVP_that_IN/that_a_DT_high_JJ_degree_NN_of_IN_primary_ ED09_tag

12 _of_IN_dry_JJ_socket_NN_remains_VVZ_unclear_JJ_SENT_Most_JJIS_authors_NNS_agree_VVP_that_IN/that_a_DT_based_VVN_on_IN_the_DT_clinical_JJ_features_ ED18_tag

13 _RB_used_VVN_in_IN_oral_JJ_surgery_NN_15-18_CD_SENT_Other_JJ_authors_NNS_evaluate_VVP_the_DT_effect_NN_of_IN_the_DT_oral_JJ_environment_NN ED07_tag

14 are_VBP_done_VVN_in_IN_HIV-positive_JJ_patients24_NN_several_JJ_authors_NNS_claim_VVP_that_IN/that_conventional_JJ_protocols_NNS_should_MD_be_VB_maintained_ ED01_tag

15 _clinical_JJ_scenarios_NNS_SENT_(9_CD)_Still_RB_several_JJ_authors_NNS_show_VVP_good_JJ_results_NNS_in_IN_clinical_JJ_studies_NNS_and_CC ED20_tag

16 is_VBZ_the_DT_most_RBS_suitable_JJ_material_NN_SENT_Some_DT_authors_NNS_state_VVP_that_IN/that_all-acrylic_JJ_resin_NN_prosthesis_NN_have_VHP ED09_tag

17 ngivalis_NP_(Ang_NP_et_NP_al_NP_SENT_2016_LS)_SENT_Some_DT_authors_NNS_suggest_VVP_that_DT_F_NN_SENT_Nucleatum_NN_infection_NN_facilitates_VVZ_the_ ED12_tag

18 MC_NP_are_VBP_some_DT_of_IN_them_PP_SENT_Some_DT_authors_NNS_state_VVP_that_IN/that_injuries_NNS_are_VBP_easier_JJR_in_IN_MCs_ ED14_tag

19 splint_NN_can_MD_be_VB_easily_RB_deformed_VVN_SENT_Some_DT_authors_NNS_report_VVP_that_IN/that_a_DT_high_JJ_accuracy_NN_can_MD_only_ ED20_tag

20 nges_NNS_than_IN_the_DT_remaining_VVG_parameters_NNS_SENT_These_DT_authors_NNS_hypothesize_VVP_that_IN/that_these_DT_domains_NNS_could_MD_have_VH_a_ ED19_tag

21 _NNS_SENT_These_DT_findings_NNS_might_MD_indicate_VV_that_IN/that_bacteria_NNS_play_VVP_an_DT_important_JJ_role_NN_in_IN_the_DT_etiology_NN ED18_tag

22 _one_PP_might_MD_establish_VV_a_DT_hypothesis_NN_that_IN/that_bacteria_NNS_play_VVP_an_DT_important_JJ_role_NN_on_IN_the_DT_etiology_NN ED18_tag

23 oral_JJ_environment_NN_SENT_AT_IN_this_DT_point_NN_saliva_NN_biopolymers_NNS_form_VVP_a_DT_film_NN_that_WDT_will_MD_be_VB_the_DT ED12_tag

24

Search Term Words Case Regexp Search Window Size

VVV Advanced 80

Total No. 21

Files Processed

Level 1 1L Level 2 3L Level 3 0

AntConc 3.5.9 (Windows) 2020

File Global Settings Tool Preferences Help

Corpus Files Concordance Concordance Plot File View Clusters/N-Grams Collocates Word List Keyword List

Concordance Hits 104

Hit KWIC

24 _TO_The_DT_midline_NN_is_VBZ_a_DT_confounding_VVG_factor_NN_canines_NNS_close_VVP_to_TO_the_DT_midline_NN_take_VV_longer_RBR_to_TO ED06_tag

25 _NN_of_IN_the_DT_orthodontic_JJ_treatment_NN_of_IN_impacted_JJ_canines_NNS_question_VVP_these_DT_preventive_JJ_strategies_NNS_SENT_Orthodontic_JJ_traction_NN ED06_tag

26 _SENT_Treatment_NN_failures_NNS_in_IN_traction_NN_of_IN_impacted_JJ_canines_NNS_seem_VVP_related_VVN_to_TO_inaccurate_JJ_three-dimensional_JJ_diagnosis_NN_of_ ED06_tag

27 The_DT_present_JJ_study_NN_showed_VVD_that_IN/that_Portuguese_JJ_dentists_NNS_tend_VVP_more_JJR_towards_IN_extraction_NN_SENT_This_DT_may_MD_be_ ED11_tag

28 eph_NN_control_NN_is_VBZ_important_JJ_(ILNP)_when_WRB_dentists_NNS_wish_VVP_to_TO_use_VV_a_DT_flapless_JJ_approach_NN_(ILNP)_ ED20_tag

29 _SEM_NP)_and_CC_confocal_JJ_laser_NN_scanning_VVG_microscopy_NN_(CLSM_NN)_allow_VVP_a_DT_correct_JJ_and_CC_complete_JJ_assessment_NN_of_IN ED17_tag

30 by_IN_the_DT_fact_NN_that_IN/that_these_DT_mechanical_JJ_complications_NNS_do_VVP_not_RB_really_RB_have_VH_a_DT_negative_JJ_effect_NN ED19_tag

31 observations_NNS_have_VHP_suggested_VVN_that_IN/that_some_DT_conditions_NNS_do_VVP_not_RB_seem_VV_to_TO_influence_VV_The_DT_treatment_NN ED16_tag

32 IN_Dentistry_NP_students_NNS_consider_VVP_that_IN/that_dental_JJ_degrees_NNS_offer_VVP_insufficient_JJ_information_NN_about_IN_implant-based_JJ_treatments_NNS_SENT ED20_tag

33 _IN_The_DT_other_JJ_hand_NN_intrabony_NN_defects_NNS_and_CC dehiscences_NNS_present_VVP_only_RB_a_DT_partial_JJ_resorption_NN_and_CC_cortical_JJ ED02_tag

34 _in_IN_HIV_NP_positive_JJ_patients2_NN_SENT_Ail_PDT_these_DT_factors_NNS_stress_VVP_the_DT_need_NN_to_TO_implement_VV_strict_JJ_maintenance_NN ED01_tag

35 fter_IN_5_CD_and_CC_10_CD_years26_NN_27_CD_Although_IN_our_PPS_findings_NNS_confirm_VVP_high_JJ_long-term_JJ_implant_NN_survival_NN_rates_NNS_(98_CD_%_ ED01_tag

36 cted_VVN_in_IN_all_DT_specimens_NNS_SENT_Furthermore_RB_CRCT_NP_images_NNS_do_VVP_not_RB_detect_VV_extraosseous_JJ_arteries_NNS_and_CC_SYM_or_ ED05_tag

37 h_NNS_SENT_Indeed_RB_2-D_JJ_radiographs_NNS_of_IN_canine_JJ_impactions_NNS_underestimate_VVP_overlapping_VVG_with_IN_adjacent_JJ_teeth_NNS_while_IN_3-D_JJ ED06_tag

38 _FW_without_IN_progressive_JJ_bone_NN_loss_NN_around_IN_the_DT_implants_NNS)_seem_VVP_to_TO_support_VV_these_DT_results_NNS_since_IN_species_NNS ED12_tag

39 arly_JJ_implant_NN_failure_NN_rates_NNS_when_WRB_postoperative_JJ_infections_NNS_occur_VVP_during_IN_the_DT_osseointegration_NN_period_NN_(4_CD_14-16_CD)_SENT ED13_tag

40 using_VVG_EC_NP_standard-diameter_NN_implants_NNS_concluded_VVD_that_DT_IP_NP_do_VVP_not_RB_seem_VV_to_TO_decrease_VV_The_DT_fracture_NN ED21_tag

41 e_DT_anterior_JJ_teeth_NNS_(23_CD)_SENT_The_DT_current_JJ_literature_NN_suggest_VVP_a_DT_low_JJ_prevalence_NN_of_IN_2M_JJ_external_JJ ED11_tag

42 to_TO_the_DT_subgingival_JJ_zone_NN_SENT_The_DT_supragingival_JJ_locations_NNS_receive_VVP_nutrients_NNS_coming_VVG_from_IN_the_DT_diet_NN_which_WDT ED17_tag

43 _JJ_plane_NN_and_CC_the_DT_proximity_NN_to_TO_the_DT_midline_NN_do_VVP_correlate_NN_between_IN_each_DT_other_JJ_SENT_This_DT_fact_ ED06_tag

44 _VBP_unknown_JJ_pericoronary_JJ_radiolucencies_NNS_wider_JJR_than_IN_2.5mm_NP_seem_VVP_to_TO_have_VH_dysregulated_JJ_cell_NN_death_NN_and_CC ED11_tag

45 _VBP_many_JJ_studies_NNS_addressing_VVG_this_DT_issue_NN_but_CC_most_JJIS_use_VVP_higher_JJR_gauges_NNS_which_WDT_are_VBP_not_RB_used_VVN ED07_tag

46 can_MD_still_RB_occur_VV_SENT_IN_IN_fact_NN_low_JJ_3Ms_NNS_remain_VVP_static_JJ_and_CC_their_PPS_position_NN_changes_NNS_over_IN ED11_tag

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Search Term Words Case Regexp Search Window Size

VVV Advanced 80

Total No. 21

Files Processed

Level 1 1L Level 2 3L Level 3 0

Tenses, non-finite verbs and sentence connectors in a dentistry corpus

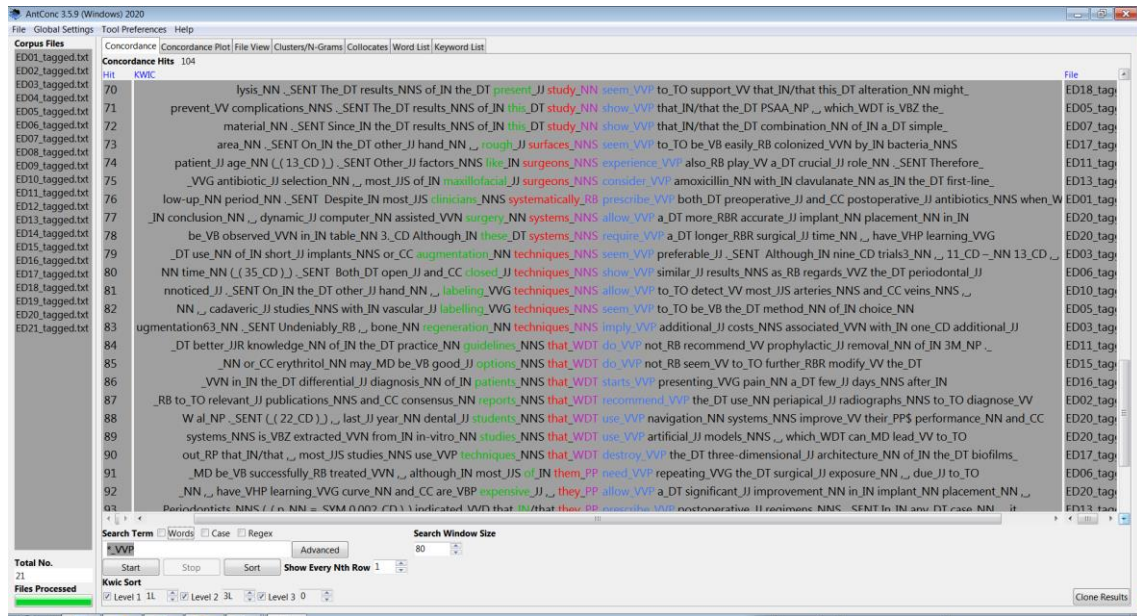
SBA032 Trabajo de Final de Máster Investigador

Mary Georgina HARDINGE

Appendices

AntConc 3.5.9 (Windows) 2020
File Global Settings Tool Preferences Help
Corpus Files Concordance Concordance Plot File View Clusters/N-Grams Collocates Word List Keyword List
Concordance Hits 104
Hit KWIC
47 _NNS over_IN time_NN _ , although_IN this_DT does_VVZ not_RB necessarily_RB imply_VVP eruption_NN ((21_CD)) _SENT There_EX are_VBP still_RB clinicians_NNS ED11_tag
48 full-arch_NN restorations_NNS _SENT Indeed_RB _ , most_JIS authors_NNS only_RB report_VVP the_DT survival_NN ((presence_NN of_IN the_DT prosthesis_NN)) ED19_tag
49 groups_NNS _ , can_MD suggest_VV that_IN this_DT microorganisms_NNS only_RB cause_VVP pathology_NN when_WRB the_DT balance_NN among_IN bacteria_NNS ED12_tag
50 the_DT CG_NP _SENT In our_PPS opinion_NN _ , these_DT outcomes_NNS indicate_VVP the_DT need_NN to_TO perform_VV additional_JJ research_NN ED18_tag
51 JJ to_TO mucosal_JJ overgrowth_NN)) and_CC the_DT overall_JJ pain_NN seem_VVP to_TO favor_VV closed_JJ exposure_NN _SENT Other_JJ reports_ ED06_tag
52 fe_NN _SENT Mechanical_JJ complications_NNS of_IN definitive_JJ prostheses_NNS increase_VVP the_DT costs_NNS and_CC time_NN spent_VVN by_IN ED19_tag
53 be_VB considered_VVN _SENT On_IN the_DT other_JJ hand_NN _ , radiographs_NNS do_VVP not_RB seem_VV to_TO be_VB an_DT appropriate_JJ ED11_tag
54 I_NP _SENT 2012_LS)) _SENT Additionally_RB _ , periapical_JJ radiographs_NNS show_VVP lower_JJR spatial_JJ resolution_NN and_CC non-linear_JJ distortions_ ED02_tag
55 seem_VVP to_TO favor_VV closed_JJ exposure_NN _SENT Other_JJ reports_NNS indicate_VVP that_IN that pain_NN seems_VVZ comparable_JJ with_IN closed_ ED06_tag
56 achieved_VVN _SENT On_IN the_DT other_JJ hand_NN _ , some_DT reports_NNS point_VVP out_RP that_DT open_JJ exposure_NN could_MD lead_VV ED06_tag
57 overestimation_NN of_IN the_DT impaction_NN risk_NN _SENT Some_DT reports_NNS suggest_VVP that_IN that the_DT duration_NN of_IN the_DT orthodontic_ ED06_tag
58 NNS ((5_CD _ , 7_CD _ , 9_CD _ , 10_CD)) _ , although_IN some_DT reports_NNS seem_VVP to_TO favor_VV implants_NNS in_IN healed_VVN sites_NNS ((2_ ED09_tag
59 T surgical_JJ treatment_NN of_IN peri-implant_NN diseases_NNS _SENT Results_NNS show_VVP that_IN that bone_NN levels_NNS measured_VVN during_IN surgeries_ ED02_tag
60 of_IN peri-implant_NN diseases_31_NN _ , 32_CD Indeed_RB _ , our_PPS results_NNS suggest_VVP that_IN that implants_NNS with_IN rough-surfaced_JJ collars_NNS ED16_tag
61 P _ , Machtei_NP _ , & CC Levin_NP _ , 2014_CD)) The_DT present_JJ results_NNS agree_VVP with_IN previous_JJ publications_NNS _ , since_IN a_DT statistically_RB ED21_tag
62 and_CC colonized_VVN with_IN epithelial_JJ cells_NNS _SENT These_DT results_NNS seem_VVP to_TO indicate_VV that_DT keratinized_VVN mucosa_NN might_MD ED17_tag
63 dent_JJ anatomical_JJ structures_NNS _SENT Indeed_RB _ , most_JIS specimens_NNS belong_VVP to_TO elderly_JJ patients_NNS and_CC this_DT might_MD ED10_tag
64 Therefore_RB _ , the_DT results_NNS of_IN this_DT meta-analysis_NN strongly_RB show_VVP the_DT need_NN to_TO perform_VV more_JJR RCTs_NNS ED14_tag
65 _NN is_VBZ a_DT common_JJ procedure_NN in_IN dentistry_NP _ , students_NNS consider_VVP that_IN that dental_JJ degrees_NNS offer_VVP insufficient_JJ information_ ED20_tag
66 for_IN the_DT extraction_NN of_IN 3M_NP _SENT However_RB _ , studies_NNS show_VVP that_IN that fracture_NN is_VBZ an_DT extremely_RB rare_ ED11_tag
67 this_DT meta-analysis_NN and_CC of_IN the_DT included_VVN studies_NNS seem_VVP to_TO support_VV that_IN that performing_VVG a_DT preoperative_ ED14_tag
68 -implantitis_NN and_CC pointed_VVD out_RP that_IN that _ , most_JIS studies_NNS use_VVP techniques_NNS that_WDT destroy_VVP the_DT three-dimensional_JJ architecture_ ED17_tag
69 _IN this_DT subject_NN is_VBZ scarce_JJ _ , all_DT published_VVN studies_NNS reveal_VVP that_IN that implant_NN placement_NN in_IN immunologically_RB stable_ ED01_tag

AntConc 3.5.9 (Windows) 2020
File Global Settings Tool Preferences Help
Corpus Files Concordance Concordance Plot File View Clusters/N-Grams Collocates Word List Keyword List
Concordance Hits 104
Hit KWIC
70 lysis_NN _SENT The_DT results_NNS of_IN the_DT present_JJ study_NN seem_VVP to_TO support_VV that_IN that this_DT alteration_NN might_ ED18_tag
71 prevent_VV complications_NNS _SENT The_DT results_NNS of_IN this_DT study_NN show_VVP that_IN that the_DT PSAA_NP _ , which_WDT is_VBZ the_ ED05_tag
72 material_NN _SENT Since_IN the_DT results_NNS of_IN this_DT study_NN show_VVP that_IN that the_DT combination_NN of_IN a_DT simple_ ED07_tag
73 area_NN _SENT On_IN the_DT other_JJ hand_NN _ , rough_JJ surfaces_NNS seem_VVP to_TO be_VB easily_RB colonized_VVN by_IN bacteria_NNS ED17_tag
74 patient_JJ age_NN ((13_CD)) _SENT Other_JJ factors_NNS like_IN surgeons_NNS experience_VVP also_RB play_VV a_DT crucial_JJ role_NN _SENT Therefore_ ED11_tag
75 _VVG antibiotic_JJ selection_NN _ , most_JIS of_IN maxillofacial_JJ surgeons_NNS consider_VVP amoxicillin_NN with_IN clavulanate_NN as_IN the_DT first-line_ ED13_tag
76 low-up_NN period_NN _SENT Despite_IN most_JIS clinicians_NNS systematically_RB prescribe_VVP both_DT preoperative_JJ and_CC postoperative_JJ antibiotics_NNS when_W ED01_tag
77 _IN conclusion_NN _ , dynamic_JJ computer_NN assisted_VVN surgery_NN systems_NNS allow_VVP a_DT more_RBR accurate_JJ implant_NN placement_NN in_IN ED20_tag
78 be_VB observed_VVN in_IN table_NN 3_CD Although_IN these_DT systems_NNS require_VVP a_DT longer_RBR surgical_JJ time_NN _ , have_VHP learning_VVG ED20_tag
79 _DT use_NN of_IN short_JJ implants_NNS or_CC augmentation_NN techniques_NNS seem_VVP preferable_JJ _SENT Although_IN nine_CD trials_3_NN _ , 11_CD -NN 13_CD _ ED03_tag
80 NN time_NN ((35_CD)) _SENT Both_DT open_JJ and_CC closed_JJ techniques_NNS show_VVP similar_JJ results_NNS as_RB regards_VVZ the_DT periodontal_JJ ED06_tag
81 nnoticed_JJ _SENT On_IN the_DT other_JJ hand_NN _ , labeling_VVG techniques_NNS allow_VVP to_TO detect_VV most_JIS arteries_NNS and_CC veins_NNS _ ED10_tag
82 NN _ , cadaveric_JJ studies_NNS with_IN vascular_JJ labelling_VVG techniques_NNS seem_VVP to_TO be_VB the_DT method_NN of_IN choice_NN ED05_tag
83 ugmentation_63_NN _SENT Undeniably_RB _ , bone_NN regeneration_NN techniques_NNS imply_VVP additional_JJ costs_NNS associated_VVN with_IN one_CD additional_JJ ED03_tag
84 _DT better_JJR knowledge_NN of_IN the_DT practice_NN guidelines_NNS that_WDT do_VVP not_RB recommend_VV prophylactic_JJ removal_NN of_IN 3M_NP _ ED11_tag
85 _NN or_CC erythritol_NN may_MD be_VB good_JJ options_NNS that_WDT do_VVP not_RB seem_VV to_TO further_RBR modify_VV the_DT ED15_tag
86 _VVN in_IN the_DT differential_JJ diagnosis_NN of_IN patients_NNS that_WDT starts_VVP presenting_VVG pain_NN a_DT few_JJ days_NNS after_IN ED16_tag
87 _RB to_TO relevant_JJ publications_NNS and_CC consensus_NN reports_NNS that_WDT recommend_VVP the_DT use_NN periapical_JJ radiographs_NNS to_TO diagnose_VV ED02_tag
88 W al_NP _SENT ((22_CD)) _ , last_JJ year_NN dental_JJ students_NNS that_WDT use_VVP navigation_NN systems_NNS improve_VV their_PPS performance_NN and_CC ED20_tag
89 systems_NNS is_VBZ extracted_VVN from_IN in-vitro_NN studies_NNS that_WDT use_VVP artificial_JJ models_NNS _ , which_WDT can_MD lead_VV to_TO ED20_tag
90 out_RP that_IN that _ , most_JIS studies_NNS use_VVP techniques_NNS that_WDT destroy_VVP the_DT three-dimensional_JJ architecture_NN of_IN the_DT biofilms_ ED17_tag
91 _MD be_VB successfully_RB treated_VVN _ , although_IN most_JIS of_IN them_PP need_VVP repeating_VVG the_DT surgical_JJ exposure_NN _ , due_JJ to_TO ED06_tag
92 _NN _ , have_VHP learning_VVG curve_NN and_CC are_VBP expensive_JJ _ , they_PP allow_VVP a_DT significant_JJ improvement_NN in_IN implant_NN placement_NN _ ED20_tag
93 Peri-implantitis_NNS ((in_NN = SVM 0.002_CD)) indicated_VVD that_IB that these_RB resemble_IBB preoperative_JJ techniques_NNS _SENT In any_DT case_NN _ , it_ ED13_tag

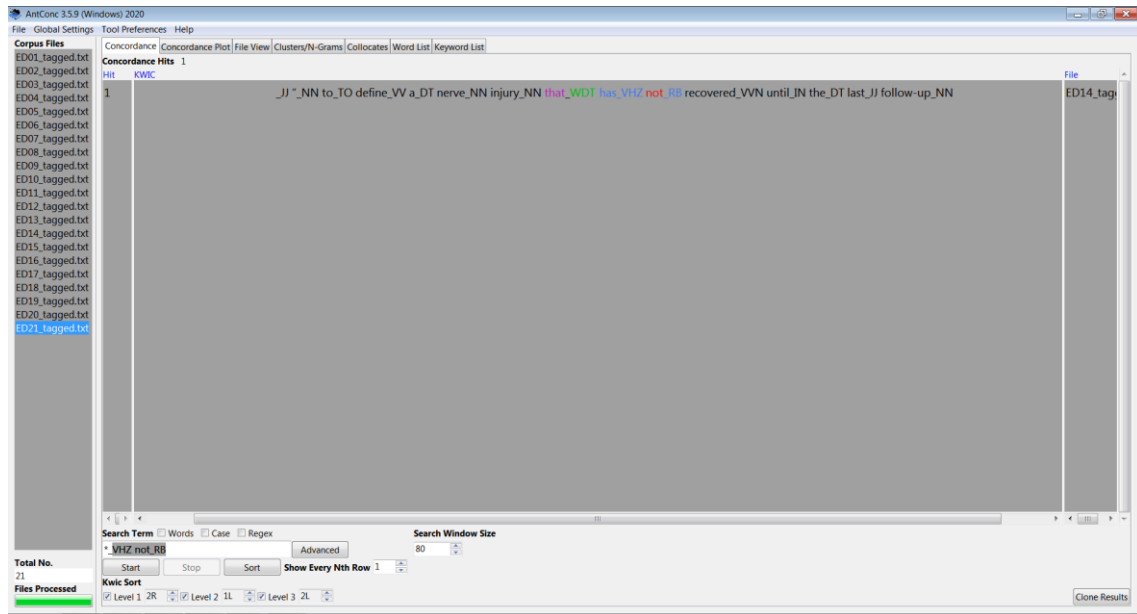


ED present tense negatives with *does-do* and *has-have*:

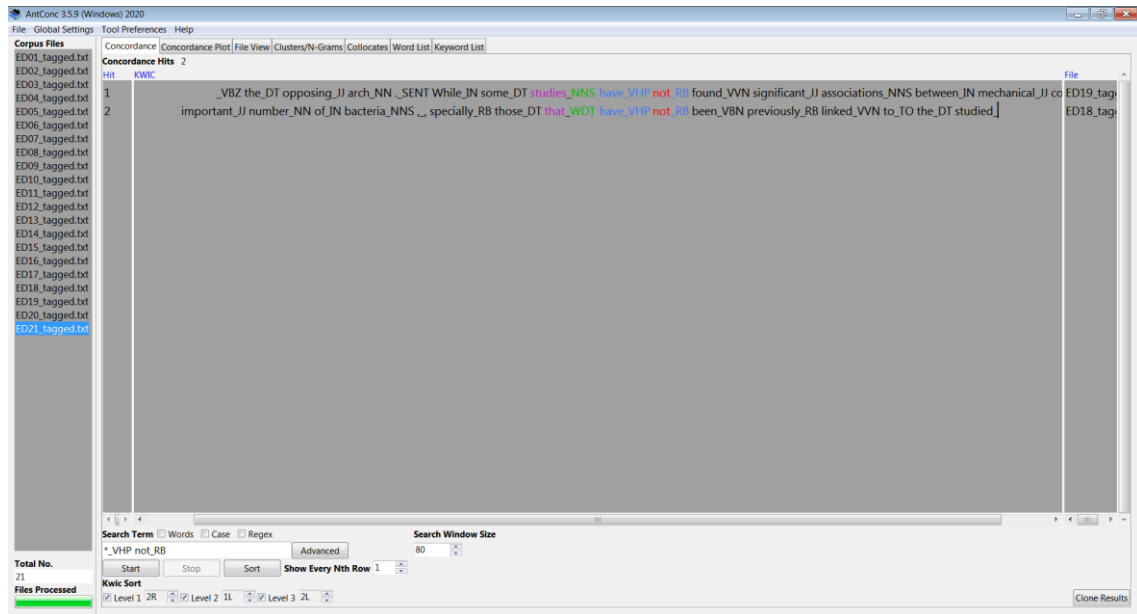
does not: *_VDZ not_RB: 0

do not: *_VDP not_RB: 0 (but see VVP)

has not: *_VHZ not_RB: 1 + -ed = present perfect simple

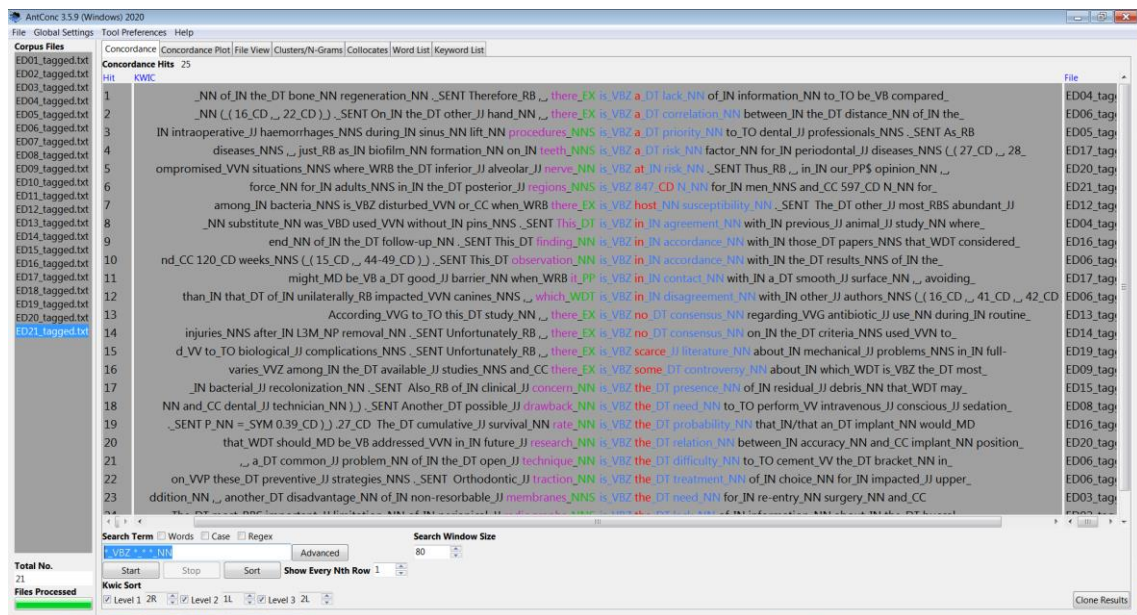


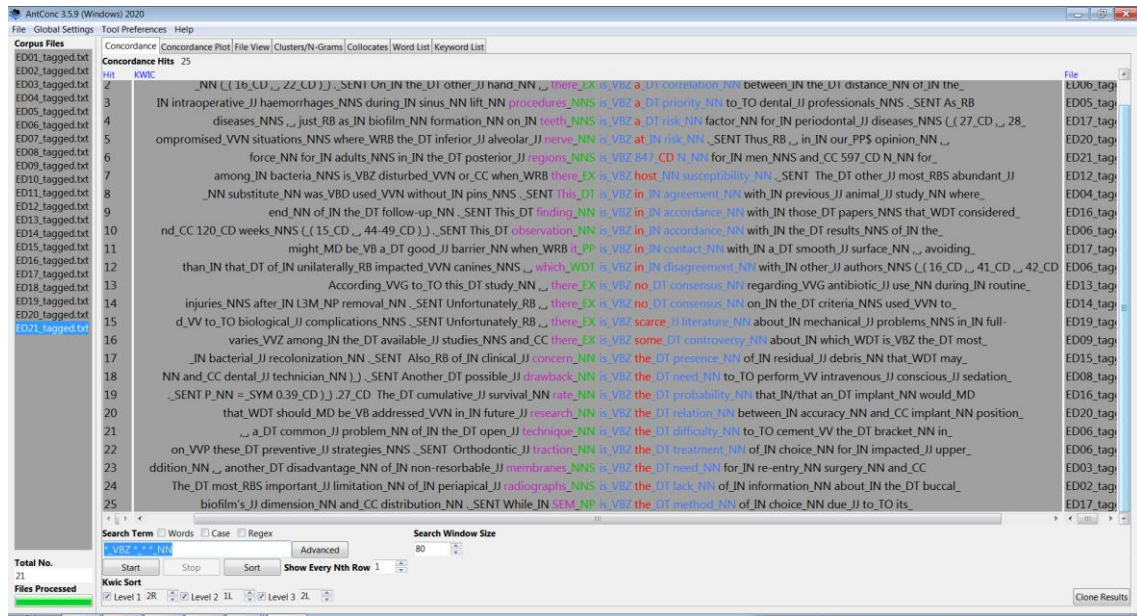
have not: *_VHP not_RB: 2 + -ed = present perfect simple



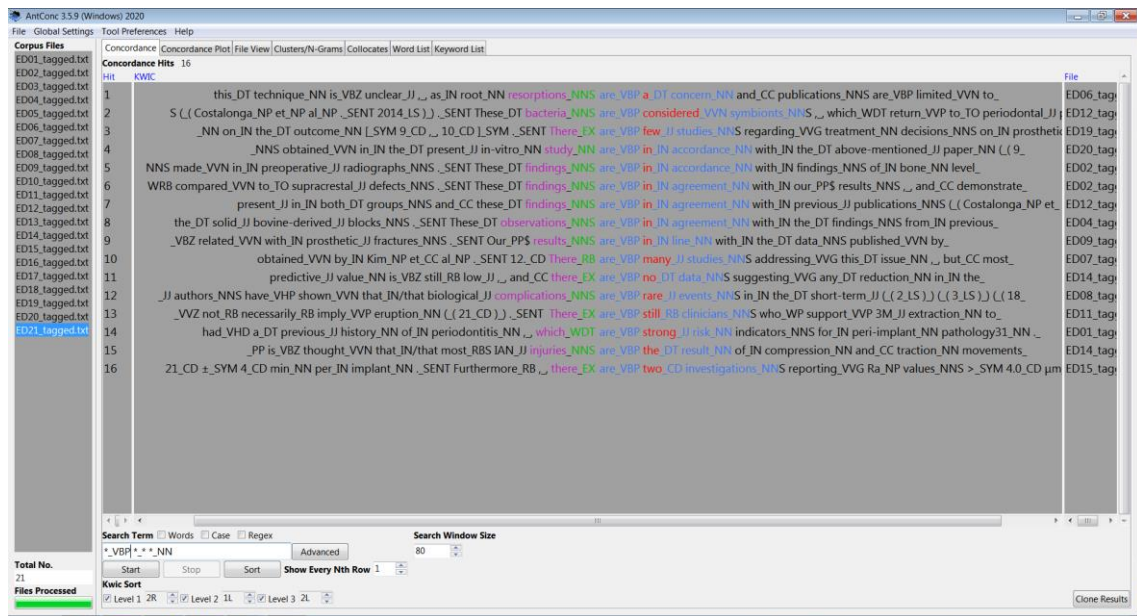
ED present, periphrases and negatives

*_VBZ *_ *_NN: 25:



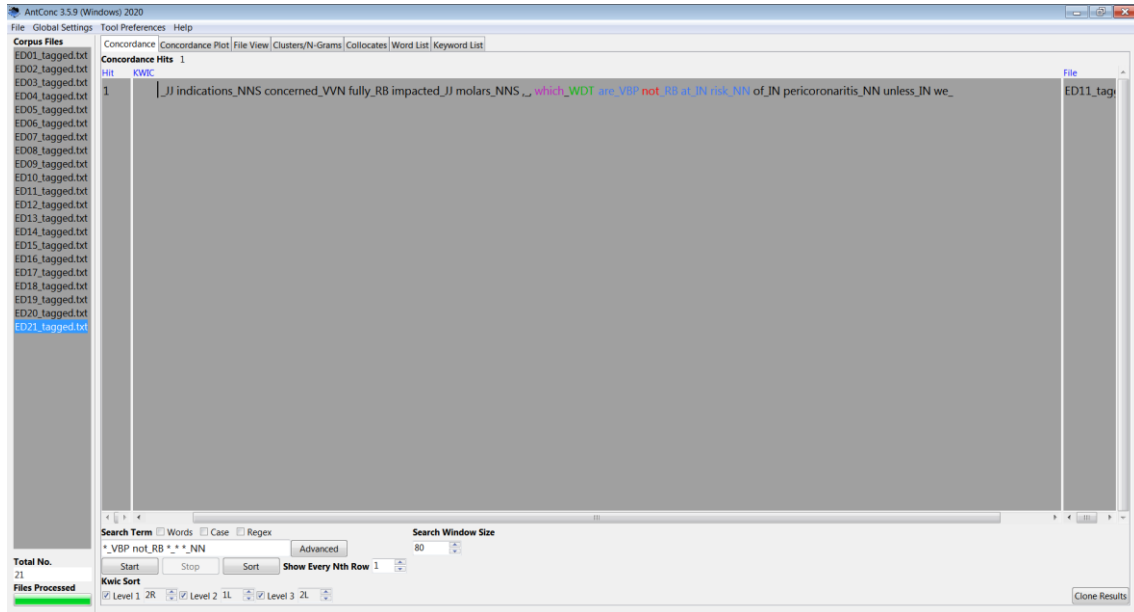


*_VBP*_**_NN: 16, 2 of which are past continuing in present: nos.10: ED07, “There are many studies **addressing** this issue, but most use higher gauges” and 16: ED15, “there **are** two investigations **reporting** ...”



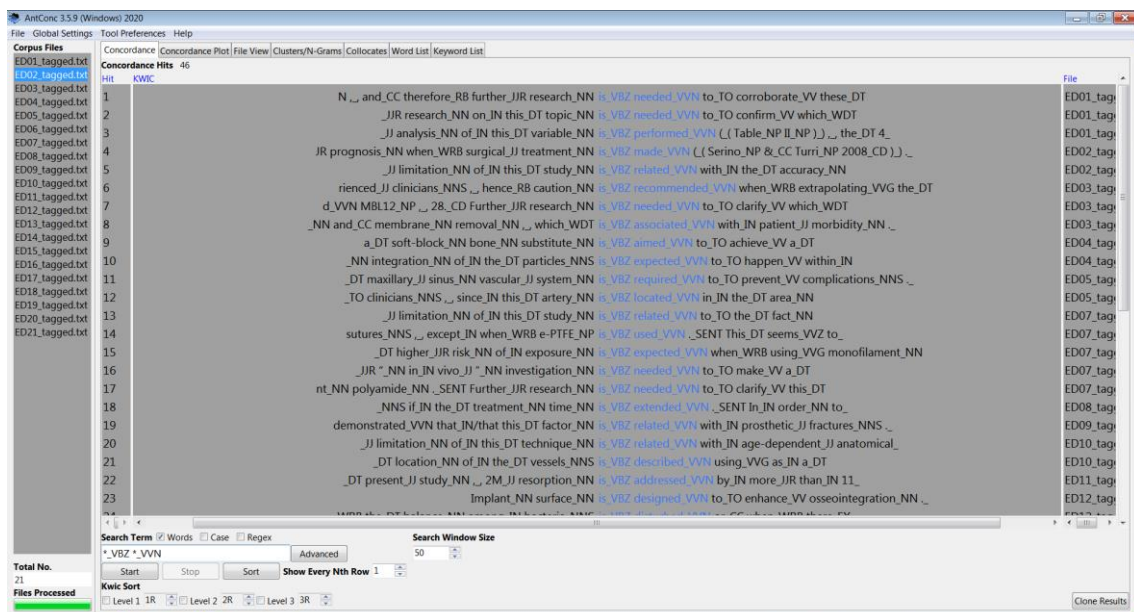
*_VBZ not_RB *_**_NN: 0

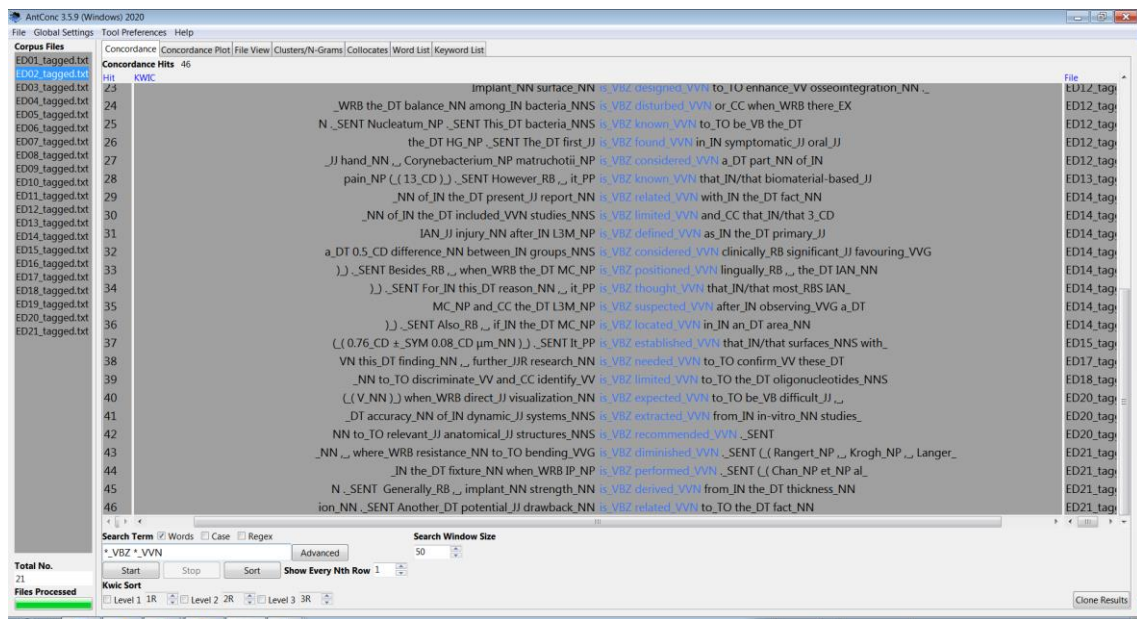
*_VBP not_RB *- *_NN: 1, but not past continuing into present:



ED . Present passive with is VBZ VVN: 46 hits. Past continuing into present: 0.

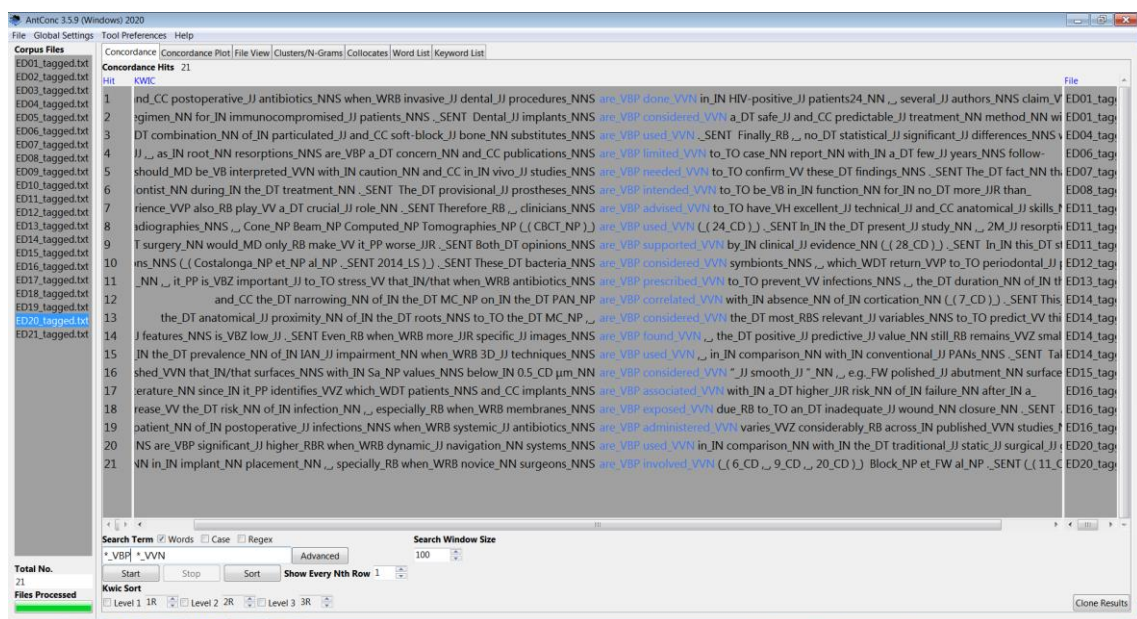
Not past but followed by citation (in parenthesis or numbered): 4, 43, 44. Obvious errors: 9.



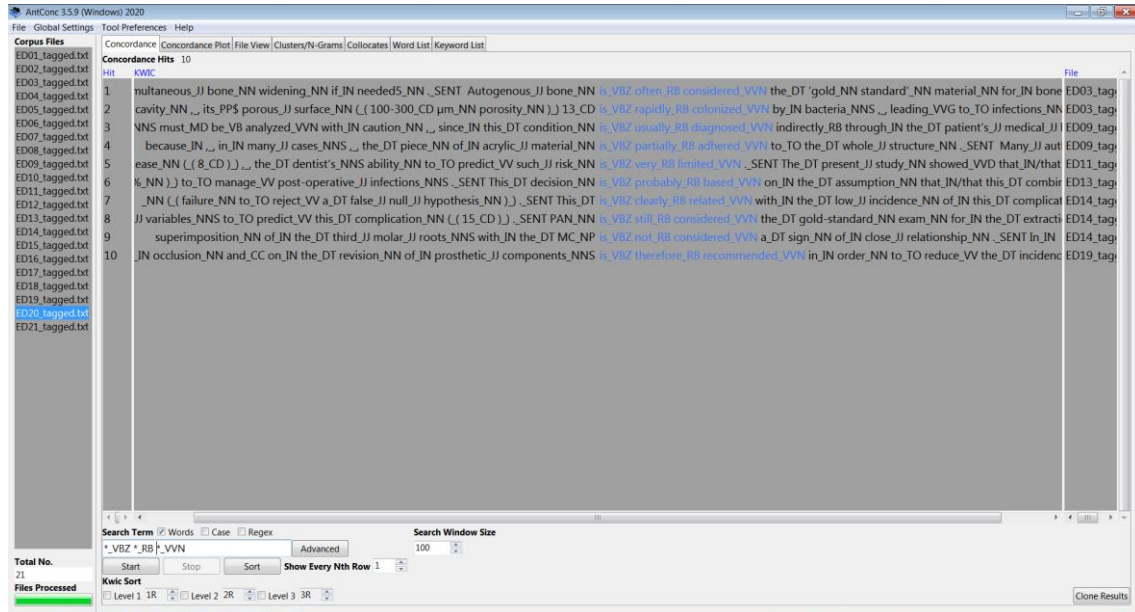


ED . Present passive with are VBP VVN: 21 hits. Past continuing into present: 2 (15, ED14: ‘The current literature suggest [sic]... although this percentage can be 4 times higher if ... are used’; 20, ED20: ‘A meta-analysis by ... revealed that ... when dynamic navigation systems are used’).

Not past but followed by citation (in parenthesis or numbered): 5 (1, 8, 9, 12, 21)



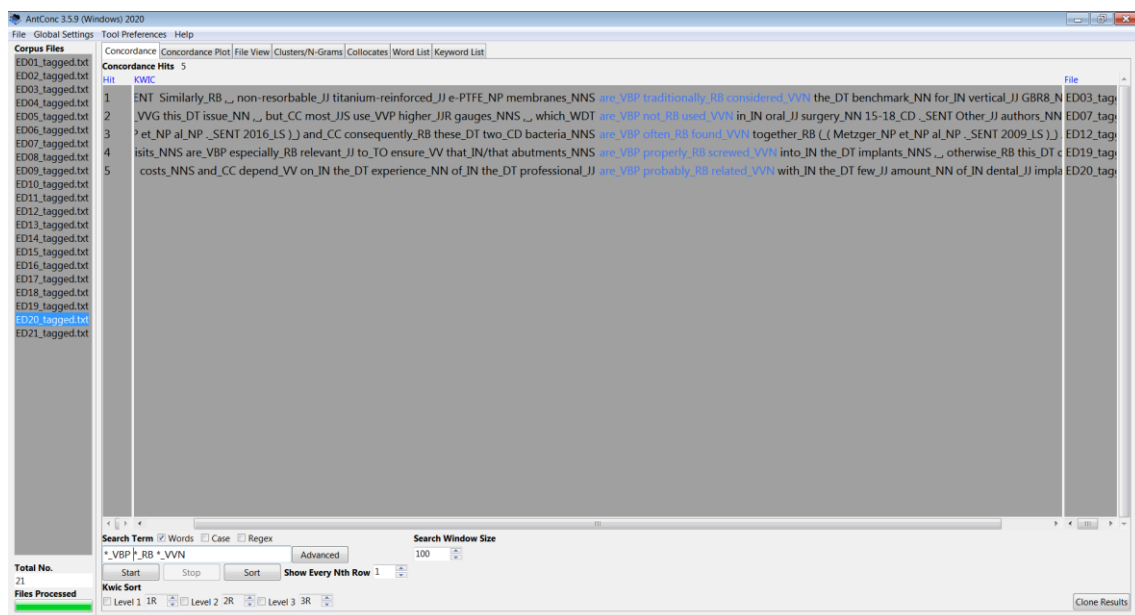
* **_VBZ *_RB *_VVN: 10. Past into present 1 (6, ED13)**



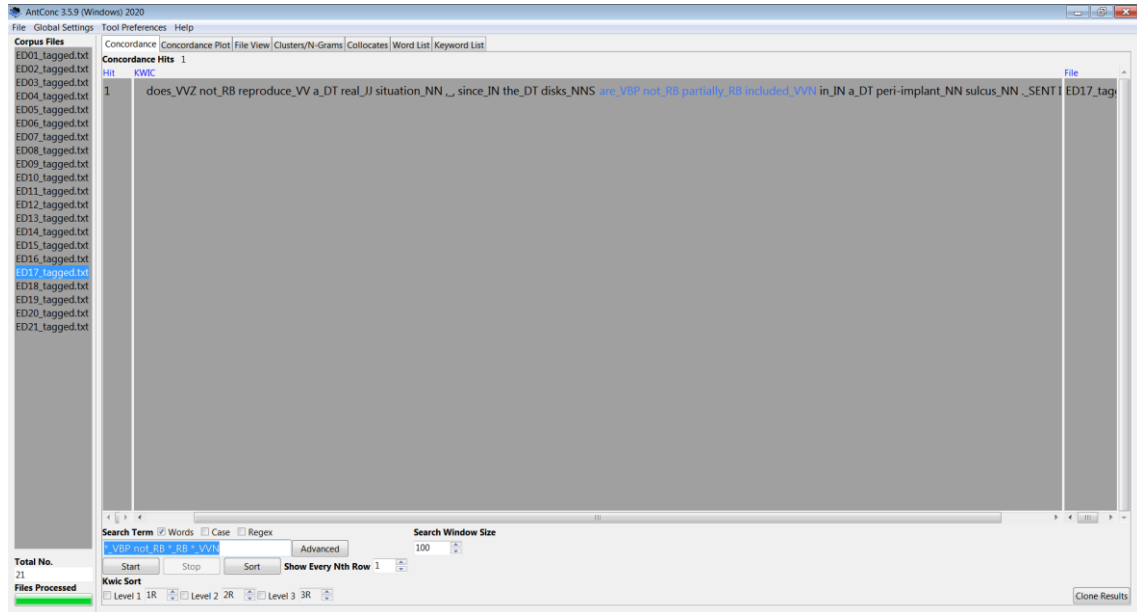
* **_VBZ not_RB *_RB *_VVN: 0.**

* **_VBP *_RB *_VVN: 5, none past into present**

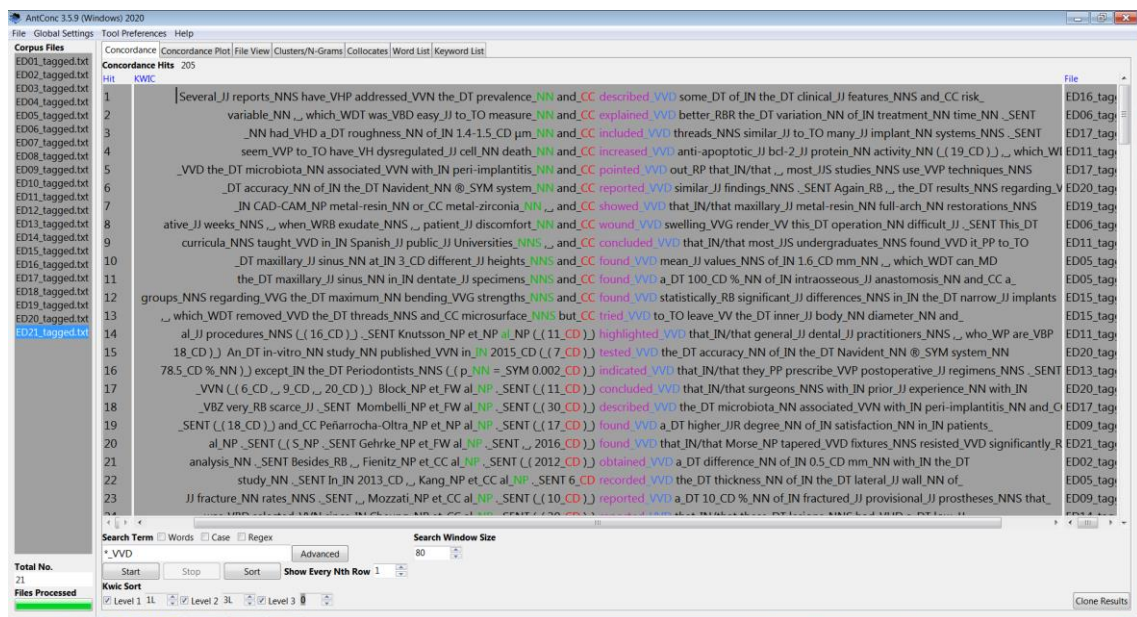
Not past but followed by citation (in parenthesis or numbered): 1 (3, ED12):

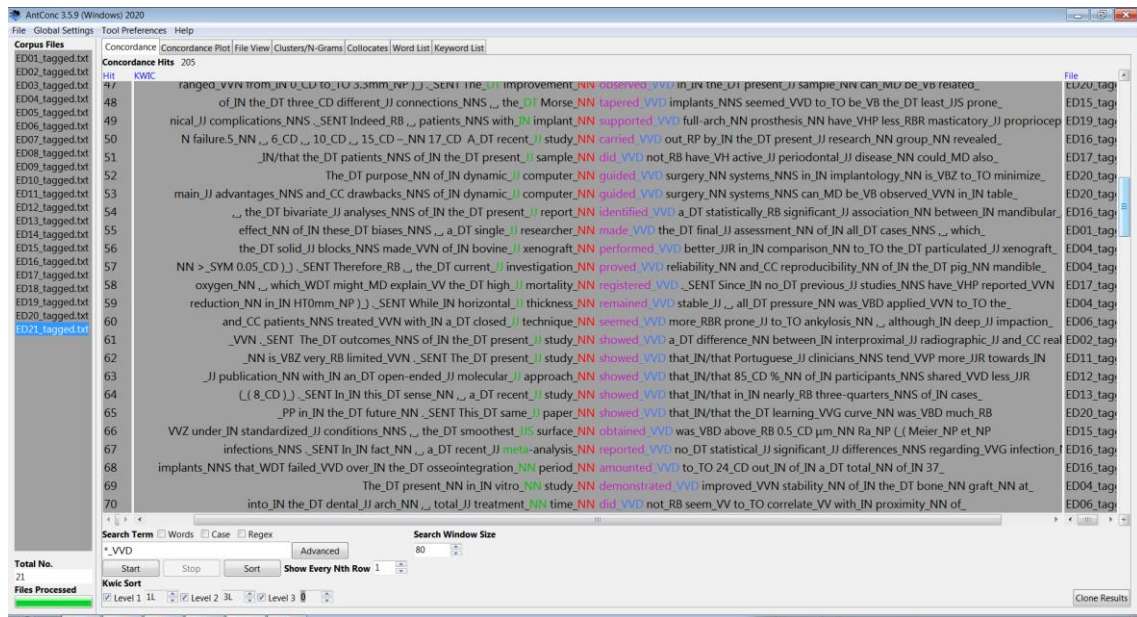
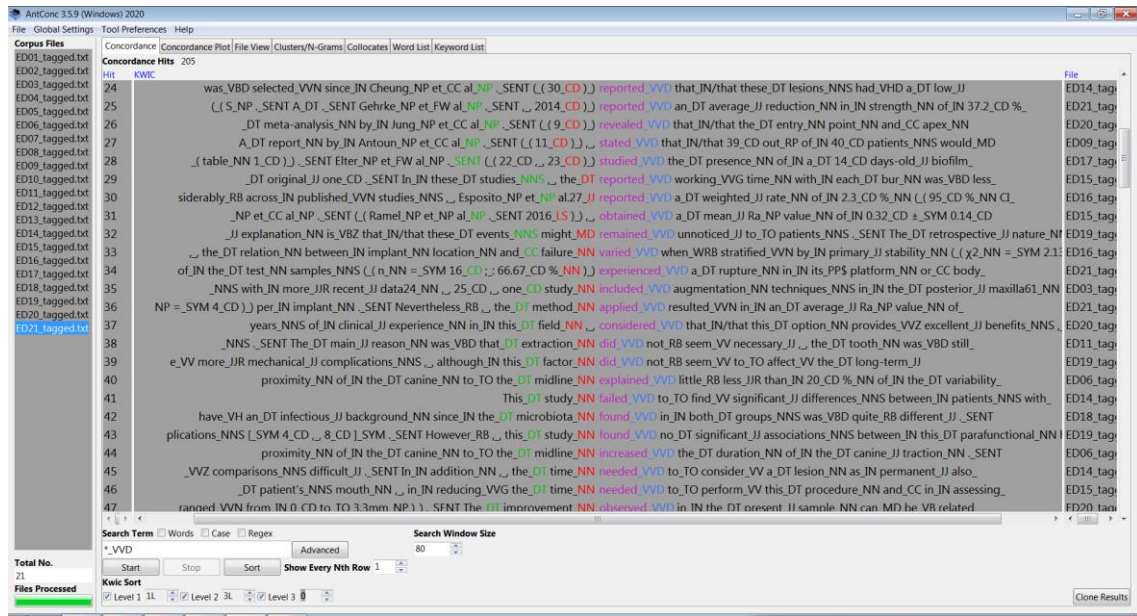


*_VBP not_RB *_RB *_VVN: 1, not past into present:



ED Past simple: *_VVD: 205, of which 11 misclassified noun or adjective/participle e.g. *wound, tapered, keratinized*), 13 negative with auxiliaries (*did not*). Some tense errors in the text (in 1L-3L-0 search, 32, 114, 116, 125; 93's tense error is not in the “did VVD” but the main verb), some “allowed to” misuse.





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Appendices

AntConc 3.5.9 (Windows) 2020
File Global Settings Tool Preferences Help
Corpus Files Concordance Concordance Plot File View Clusters/N-Grams Collocates Word List Keyword List
Concordance Hits 205
Hit KWIC
71 the_DT fracture_NN pattern_NN since_IN the_DT implant_NN rupture_NN occurred_VVD in_IN the_DT portion_NN where_WRB the_DT wall_NN was_VB ED21_tag
72 carried_VVD out_RP by_IN the_DT present_JJ research_NN group_NN revealed_VVD that_IN that_dental_JJ implants_NNS placed_VVN in_IN the_DT ED16_tag
73 Moreover_RB an_DT L-shaped_JJ soft-block_NN bone_NN substitute_NN showed_VVD significant_JJ compression_NN capability_NN and_CC adaptability_NN to_TO ED04_tag
74 fixation_NN pins_NNS or_CC a_DT block_NN bone_NN substitute_NN showed_VVD enhanced_JJ graft_NN stability_NN compared_VVN to_TO particulated_JJ xen ED04_tag
75 While_IN on_IN the_DT other_JJ hand_NN test_NN group_NN showed_VVD only_RB a_DT reduction_NN of_IN 0.1_CD ±_SYM 0.4_CD mm_NN ED04_tag
76 a_DT granulate_VVP DBBM_NP plus_CC a_DT collagen_NN matrix_NN showed_VVD high_JJ compression_NN capability_NN and_CC adaptability_NN to_TO the_ ED04_tag
77 since_IN out_RB of_IN the_DT registered_JJ variables_NNS none_NN seemed_VVD to_TO improve_VV significantly_RB the_DT performance_NN of_IN the_ ED06_tag
78 _NNS ((Lam_NP et_NP al_NP _SENT 1995_LS)) _SENT Cone_NP beam_NN computed_VVD tomography_NN ((CBCT_NP)) has_VHZ been_VBN recently_RB used_VV ED02_tag
79 _NN _SENT in_IN this_DT sense_NN Zaugg_NP et_NP al_30_NN concluded_VVD that_IN that_rougher_JJR surfaces_NNS increase_VV bacterial_JJ adhesion_ ED16_tag
80 healing_NN impairment_NN 6-12_CD _SENT Although_IN Patton_NP et_NP al_14_NN found_VVD significantly_RB higher_JJR rates_NNS of_IN postoperative_JJ complications_NN ED01_tag
81 JJ outcomes_NNS registered_VVD _SENT Indeed_RB Felice_NP et_NP al_28_NN reported_VVD that_IN that_8_CD out_RP of_IN 10_CD patients_NNS preferred_VV ED03_tag
82 _NNS have_VHP been_VBN proposed_73_JJ _SENT Merli_NP et_NP al_11_NN revealed_VVD similar_JJ outcomes_NNS with_IN fewer_JJR postoperative_JJ complications_ ED03_tag
83 JJ information_NN to_TO clinicians_NNS _SENT Baron_NP et_NP al_6_NN suggested_VVD that_IN that_a_DT temporary_JJ reduction_NN in_IN CD_4_NP ED01_tag
84 of_IN the_DT specimens_NNS examined_VVN in_IN our_PP sample_NN belonged_VVD to_TO edentulous_JJ elderly_JJ patients_NNS ((mean_JJ age_NN 82_CD ED05_tag
85 a_DT recent_JJ report_NN published_VVN by_IN our_PP department_NN identified_VVD 19_CD species_NNS that_WDT were_VBD not_RB in_IN the_DT ED18_tag
86 ((7_CD)) _SENT Indeed_RB all_DT fractures_NNS in_IN our_PP sample_NN occurred_VVD in_IN men_NNS with_IN parafunctional_NN habits_NNS usually_RB 3_CD ED08_tag
87 grit_NN plus_IN Brownie_NP @_SYM and_CC Greenie_NP @_SYM silicone_NN impregnated_VVD polishes_NNS)) which_WDT took_VVD a_DT mean_JJ time_NN of_ ED15_tag
88 resorption_NN patterns_NNS _SENT Even_RB though_IN periapical_JJ x-ray_NN did_VVD not_RB show_VV enough_JJ accuracy_NN to_TO precisely_RB determine_ ED02_tag
89 computer_NN tomography_NN ((CT_NP)) images_NNS of_IN 200_CD patients_NNS found_VVD 236_CD mandibular_JJ lingual_JJ canals_NNS ((MLCs_NP)) and_CC 159_CD in_ED10_tag
90 28_NN reported_VVD that_IN that_8_CD out_RP of_IN 10_CD patients_NNS preferred_VVD the_DT augmentation_NN procedures_NNS with_IN a_DT bone_NN substit_ ED03_tag
91 when_WRB IP_NP was_VBD performed_VVN all_RB three_CD groups_NNS showed_VVD fmax_NP values_NNS close_JJ to_TO the_DT masticatory_JJ forces_ ED21_tag
92 in_IN a_DT more_JJR objective_NN way_26_NN The_DT authors_NNS decided_VVD to_TO excluded_VVN implants_NNS that_WDT required_VVD simultaneous_VV ED16_tag
93 accordance_NN to_TO the_DT present_JJ study_NN some_DT others_NNS did_VVD not_RB found_VVN correlation_NN between_IN IN prosthetic_JJ fractures_NNS and_ ED09_tag
94

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Corpus Files Concordance Concordance Plot File View Clusters/N-Grams Collocates Word List Keyword List
Concordance Hits 205
Hit KWIC
94 timent_NN screw_NN loosening_NN or_CC chipping_NN these_DT complications_NNS did_VVD not_RB seem_VV to_TO have_VH an_DT impact_NN on_ ED19_tag
95 _VB kept_VVN in_IN mind_NN that_IN that_the_DT patients_NNS included_VVD in_IN the_DT PG_NP had_VHD a_DT PPD_NN <_SYM 4 ED12_tag
96 lead_VV to_TO chemical_JJ reactions_NNS like_IN the_DT ones_NNS observed_VVD in_IN 2_CD specimens_NNS ((#2_NN and_CC #8_NN)) _SENT A_DT poss ED10_tag
97 _DT complication_NN _SENT However_RB none_NN of_IN the_DT antibiotics_NNS proved_VVD to_TO be_VB more_RBR effective_JJ than_IN another_DT in_ ED16_tag
98 _NP et_CC al_NP _SENT 2015_LS)) _SENT However_RB both_DT studies_NNS reported_VVD dislocations_NNS of_IN the_DT solid_JJ bovine-derived_JJ blocks_NNS _ ED04_tag
99 numbers_NNS are_VBP quite_RB similar_JJ to_TO the_DT ones_NNS reported_VVD in_IN this_DT study_NN _SENT in_IN contrast_NN the_DT ED16_tag
100 point_NN of_IN view_NN one_CD of_IN the_DT studies_NNS revealed_VVD more_JJR residual-grafted_JJ material_NN in_IN the_DT group_NN ED03_tag
101 _NN _SENT)) _SENT the_DT meta-analysis_NN of_IN these_DT papers_NNS showed_VVD that_IN that_the_DT short_JJ implant_NN groups_NNS were_VBD ED03_tag
102 computer-aided_JJ design_NN /_SYM manufacturing_NN _SENT These_DT authors_NNS suggested_VVD that_IN that_the_DT rigidity_NN of_IN titanium_NN plays_VVZ ED09_tag
103 _VVG of_IN the_DT knot_NN _SENT However_RB these_DT events_NNS took_VVD place_NN only_RB in_IN a_DT 40_CD %_NN of_IN the_ ED07_tag
104 _NN of_IN the_DT provisional_JJ period_NN _SENT These_DT authors_NNS used_VVD polymethylmethacrylate_JJ because_IN it_PP is_VBZ a_DT flexible_JJ and_ ED09_tag
105 study_NN is_VBZ the_DT small_JJ number_NN of_IN questionnaires_NNS analysed_VVD due_JJ to_TO the_DT low_JJ response_NN rate_NN among_ ED13_tag
106 health_NN of_IN second_JJ molars_NNS 10.2_CD %_NN of_IN clinicians_NNS believed_VVD that_IN that_the_DT extraction_NN of_IN 3M_NP was_VBD ED11_tag
107 28_CD)) _SENT in_IN this_DT study_NN 57.9_CD %_NN of_IN clinicians_NNS chose_VVD not_RB to_TO remove_VV asymptomatic_JJ 3Ms_NNS _SENT The_DT ED11_tag
108 for_IN extraction_NN _SENT Almost_RB 2_CD /_SYM 3_CD of_IN professionals_NNS cited_VVD that_IN that_3M_JJ in_IN an_DT horizontal_JJ position_NN ED11_tag
109 2_CD)) _SENT Indeed_RB the_DT vast_JJ majority_NN of_IN respondents_NNS did_VVD not_RB prescribe_VV these_DT agents_NNS in_IN accordance_NN with_ ED13_tag
110 JJ approach_NN showed_VVD that_IN that_85_CD %_NN of_IN participants_NNS shared_VVD less_JJR than_IN 8_CD %_NN of_IN species_NNS between_IN tooth_ ED12_tag
111 implants_NNS placed_VVN in_IN bone_NN augmented_VVN with_IN substitutes_NNS showed_VVD trends_NNS to_TO increased_VVN M8L12_NP 28_CD Further_JJR research_ ED03_tag
112 abundance_NN of_IN 611_CD in_IN HG_NP _SENT Previous_JJ publications_NNS concluded_VVD that_IN that_in_IN periodontally_RB healthy_JJ subjects_NNS P_NN _ ED12_tag
113 This_DT may_MD be_VB justified_VVN because_IN Portuguese_JJ dentists_NNS considered_VVD the_DT 29_CD 3M_JJ extraction_NN to_TO be_VB more_RBR ED11_tag
114 JJ and_CC oral_JJ surfaces_NNS _SENT The_DT current_JJ findings_NNS demonstrated_VVD an_DT uniform_JJ circumferential_JJ bone_NN resorption_NN pattern_ ED02_tag
115 eri-implant_NN pathology_31_NN _SENT Furthermore_RB several_JJ patients_NNS failed_VVD to_TO attend_VV regular_JJ periodontal_JJ maintenance_NN visits_NNS _SENT ED01_tag
116 studies_NNS published_VVN in_IN the_DT last_JJ few_JJ years_NNS failed_VVD to_TO find_VV any_DT association_NN between_IN the_DT eruption_ ED11_tag

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Corpus Files Concordance Concordance Plot File View Clusters/N-Grams Collocates Word List Keyword List

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Hit KWIC

117 considered_VVN a_DT limitation_NN even_RB though_IN many_JJ studies_NNS included_VVD a_DT similar_JJ number_NN of_IN patients_NNS ((14_CD _ 22_CD _ 23_CD ED17_tag

118 raoperative_JJ horizontal_JJ thickness_NN of_IN the_DT augmented_JJ regions_NNS measured_VVD 3_CD mm_NN _SENT After_IN wound_NN closure_NN and_CC 4_CD ED04_tag

119 the_DT fact_NN that_IN that_several_JJ non-calibrated_JJ dentists_NNS performed_VVD the_DT periodontal_JJ /_SYM peri-implant_NN maintenance_NN visits_NN ED01_tag

120 observed_VVN for_IN any_DT of_IN the_DT clinical_JJ outcomes_NNS registered_VVD _SENT Indeed_RB _ Felice_NP et_NP al.28_NN reported_VVD that_IN/ ED03_tag

121 _NN of_IN 217_CD oral_JJ and_CC maxillofacial_JJ American_JJ surgeons_NNS reported_VVD no_DT consensus_NN regarding_VVG antibiotic_JJ use_NN during_IN routine ED13_tag

122 internal_JJ connection_NN _ at_IN least_JJS until_IN human_JJ studies_NNS shed_VVD some_DT light_NN on_IN this_DT topic_NN _SENT Generally_RB _ ED21_tag

123 study_NN of_IN the_DT fractures_NNS after_IN compressive_JJ forces_NNS showed_VVD that_IN that 100_CD %_NN of_IN the_DT test_NN implants_NNS ED15_tag

124 &_CC Hausmann_NP ((2000_CD)) in_IN which_WDT periapical_JJ radiographs_NNS underestimated_VVD interproximal_JJ real_JJ bone_NN loss_NN in_IN periodontal_JJ defect ED02_tag

125 is_VBZ an_DT surprising_JJ finding_NN since_IN earlier_JJR studies_NNS demonstrated_VVD the_DT prevalence_NN of_IN Gram_NP negative_JJ in_IN the ED12_tag

126 1.1_CD %_NN) upper_JJ and_CC 3_CD ((0.5_CD %_NN)) lower_JJR implants_NNS failed_VVD _ all_RB of_IN them_PP placed_VVD in_IN healed_VVN sites ED09_tag

127 00_CD cells_NNS /_SYM mm3_NN)) were_VBD recorded_VVN _ most_JJS authors_NNS found_VVD no_DT differences_NNS between_IN HIV_NP infection_NN and_CC the ED01_tag

128 versities_NNS _ and_CC concluded_VVD that_IN that most_JJS undergraduates_NNS found_VVD it_PP to_TO be_VB adequate_JJ _ except_IN for_IN the ED11_tag

129 ((5_CD)) _ it_PP is_VBZ surprising_JJ that_IN that most_JJS clinicians_NNS included_VVD in_IN our_PP's study_NN ((78.5_CD %_NN)) _ except_IN the_DT Periodontist ED13_tag

130 DT recent_JJ investigation_NN using_VVG EC_NP standard-diameter_NN implants_NNS concluded_VVD that_DT IP_NP do_VVP not_RB seem_VV to_TO decrease ED21_tag

131 with_IN it_PP et_CC al_NP _SENT ((2_CD)) _ implant_NN failures_NNS did_VVD not_RB jeopardize_VV the_DT provisional_JJ prosthesis_NN in_IN the ED09_tag

132 vity_NN ((17_CD)) _SENT Although_IN in_IN this_DT study_NN clinicians_NNS did_VVD not_RB recommend_VV third_JJ molar_JJ removal_NN to_TO prevent ED11_tag

133 the_DT instructions_NNS to_TO avoid_VV oral_JJ hygiene_NN measures_NNS)) made_VVD patient_JJ enrollment_NN quite_RB difficult_JJ _SENT This_DT issue_NN ((ED17_tag

134 er_JJR proportion_NN of_IN professionals_NNS with_IN teaching_NN activities_NNS sought_VVD to_TO the_DT survey_NN _ but_CC most_JJS of_IN them ED11_tag

135 changes_NNS for_IN social_JJ disability_NN and_CC handicap_NN domains_NNS suffered_VVD less_JJR changes_NNS than_IN the_DT remaining_VVG parameters_NNS _SENT ED19_tag

136 P's results_NNS _SENT Nevertheless_RB _ American_JJ surgeons_NN regimens_NNS tended_VVD to_TO be_VB shorter_JJR and_CC with_IN lower_JJR dosages ED13_tag

137 N that_IN that antagonist_NN implant-supported_JJ full-arch_NN restorations_NNS did_VVD not_RB induce_VV more_JJR mechanical_JJ complications_NNS _ although_IN ED19_tag

138 _NN on_IN patient_JJ satisfaction_NN _SENT The_DT OHIP-14_NP results_NNS showed_VVD similar_JJ scores_NNS for_IN patients_NNS with_IN and_CC without ED19_tag

139 's_POS perception_NN of_IN the_DT Oral_NP Surgery_NP curricula_NNS taught_VVD in_IN Spanish_JJ public_JJ Universities_NNS _ and_CC concluded_VVD that ED11_tag

Search Term Words Case Regex Search Window Size

* VVD Advanced 80

Total No. 21

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Corpus Files Concordance Concordance Plot File View Clusters/N-Grams Collocates Word List Keyword List

Concordance Hits 205

Hit KWIC

140 _SENT _ 2016_CD)) found_VVD that_IN that Morse_NP tapered_VVD fixtures_NNS resisted_VVD significantly_RB more_JJR than_IN the_DT EC_NP and_CC IC ED21_tag

141 ee_CD different_JJ connections_NNS _ the_DT Morse_NN tapered_VVD implants_NNS seemed_VVD to_TO be_VB the_DT least_JJS prone_JJ to_TO fractures ED15_tag

142 _NN of_IN this_DT structure_NN _SENT Kqiku_NP and_CC cols.13_NP described_VVD the_DT arterial_JJ blood_NN architecture_NN of_IN the_DT maxillary_ ED05_tag

143 maxillary_JJ sinus_NN _SENT In_IN 1999_CD _ Traxler_NP and_CC cols.14_NP investigated_VVD the_DT blood_NN supply_NN of_IN the_DT lateral_JJ wall ED05_tag

144 _VV a_DT deep_JJ mattress_NN suture_NN with_IN _PTFE_NP followed_VVD superficial_JJ individual_JJ sutures_NNS with_IN another_DT material_NN like ED07_tag

145 of_IN an_DT L-shaped_JJ soft-block_NN of_IN DBBM_NP demonstrated_VVD an_DT increased_VVN coronal_JJ stability_NN at_IN the_DT level ED04_tag

146 _VV the_DT 3Ms_NNS _SENT The_DT percentage_NN of_IN 3M_NP extracted_VVD due_JJ to_TO varies_NN on_IN the_DT distal_JJ side ED11_tag

147 For_IN this_DT purpose_NN _ the_DT classification_NN of_IN Kuroi_NP seemed_VVD to_TO perform_VV better_RBR _SENT However_RB _ it_PP must_MD ED06_tag

148 _JJ hand_NN _ a_DT recent_JJ meta-analysis_NN of_IN RCTs_NP showed_VVD no_DT differences_NNS between_IN the_DT groups_NNS regarding_VVG imp ED03_tag

149 bias_NN could_MD be_VB made46_JJ _SENT Likewise_RB _ Penarocha-Oltra30_NP described_VVD similar_JJ survival_NN and_CC success_NN rates_NNS for_IN implant ED03_tag

150 _NP _SENT Gehrke_NP et_FW al_NP _SENT _ 2016_CD)) Indeed_RB _ IP_NP produced_VVD an_DT almost_RB 30_CD %_NN decrease_NN in_IN fracture_NN resistance ED21_tag

151 _NP et_FW al_NP _SENT _ 2016_CD)) found_VVD that_IN that Morse_NP tapered_VVD fixtures_NNS resisted_VVD significantly_RB more_JJR than_IN the_DT EC ED21_tag

152 variability_NN in_IN treatment_NN time_NN _ as_RB adjusted_VVN R2_NP suggested_VVD _ while_IN other_JJ authors_NNS have_VHP computed_VVN higher_JJR R2 ED06_tag

153 survival_NN rates_NNS ((98_CD %_NN)) _ only_RB 68_CD %_NN of_IN them_PP fulfilled_VVD the_DT Albrektsson_NP et_NP al.17_JJ success_NN criteria28-30_NN _SENT ED01_tag

154)) as_IN only_RB 3.2_CD %_NN ((8_CD of_IN 247_CD)) of_IN them_PP indicated_VVD such_JJ protocol_NN _SENT Furthermore_RB _ a_DT huge_JJ amount_NN ED13_tag

155 _NN were_VBD immediate_JJ implants_NNS and_CC 1_CD of_IN them_PP occurred_VVD in_IN a_DT patient_NN with_IN history_NN of_IN periodontal ED09_tag

156 ((0.5_CD %_NN)) lower_JJR implants_NNS failed_VVD _ all_RB of_IN them_PP placed_VVD in_IN healed_VVN sites_NNS in_IN agreement_NN with_IN in_JJ ED09_tag

157 _VB more_RBR elastic_JJ than_IN Supramid_NP @_SYM since_IN it_PP resisted_VVD a_DT higher_JJR traction_NN but_CC had_VHD a_DT similar ED07_tag

158 _quarters_NNS of_IN cases_NNS ((77.3_CD %_NN)) _ most_JJS of_IN them_PP treated_VVD with_IN amoxicillin_NN and_CC potassium_NN clavulanate_NN _ an_DT addi ED13_tag

159 0_CD complete_JJ maxillary_JJ segments_NNS _SENT in_IN addition_NN _ they_PP measured_VVD the_DT distance_NN from_IN the_DT inferior_JJ border_NN of ED05_tag

160 18_CD human_JJ cadavers_NNS _SENT in_IN this_DT study_NN _ they_PP observed_VVD a_DT mean_JJ distance_NN of_IN 19_CD mm_NN from_IN ED05_tag

161 extended_JJ treatment_NN time_NN ((41_CD _ 42_CD _ 49_CD)) _SENT We_PP did_VVD not_RB find_VV this_DT association_NN _ but_CC instead_RB the ED06_tag

162 _CC the_DT antral_JJ maxillary_JJ sinus_NN floor_NN _SENT They_PP found_VVD intraosseous_JJ vessels_NNS at_IN the_DT lateral_JJ wall_NN of ED05_tag

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* VVD Advanced 80

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Hit KWIC
163 NN inside_RB _SENT A_DT study_NN similar_JJ to_TO ours_PP reported_VVD a_DT fracture_NN of_IN an_DT acrylic_JJ resin_NN tooth_ ED09_tag
164 better_RBR than_IN the_DT country_NN in_IN which_WDT they_PP practiced_VVD ((12_CD)) _SENT The_DT more_RBR conservative_JJ attitude_NN might_M ED11_tag
165 IN subgingival_JJ coverage_NN _SENT Other_JJ authors_NNS ((35_CD)) even_RB found_VVD a_DT subgingival_JJ portion_NN which_WDT was_VBD completely_RB free_ ED17_tag
166 N ((1_CD _ 5_CD)) _SENT Pieri_NP et_FW al_NP _SENT ((5_CD)) only_RB observed_VVD the_DT fracture_NN of_IN one_CD composite_JJ resin_NN tooth_ ED09_tag
167 _CC al_NP _SENT ((Gehirke_NP et_NP al_NP _SENT 2016_15)) _also_RB stressed_VVD the_DT importance_NN of_IN the_DT connection_NN design_NN _regular_ ED15_tag
168 NP_2_CD &_CC Fig_NP _SENT 6_CD)) _SENT This_DT weakening_NN also_RB implied_VVD a_DT change_NN in_IN the_DT fracture_NN pattern_NN _since_ ED21_tag
169 why_WRB the_DT multiple_JJ linear_JJ regression_NN model_NN only_RB included_VVD an_DT independent_JJ variable_NN _which_WDT was_VBD easy_JJ to_ ED06_tag
170 _SENT The_DT fact_NN that_IN that_our_PP5 study_NN only_RB included_VVD patients_NNS with_IN full-mouth_JJ rehabilitations_NNS ((both_CC arches_ ED08_tag
171 and_CC Hong_NP Kong_NP ((10_CD)) _SENT Our_PP5 study_NN also_RB proved_VVD that_IN/that_experience_NN enhanced_JJ confidence_NN ((difficulty_NN was ED11_tag
172 up_NN _respectively_RB _SENT Although_IN implantoplasty_NN significantly_RB reduced_VVD the_DT resistance_NN of_IN the_DT three_CD different_JJ connections_ ED15_tag
173 special_JJ care_NN when_WRB tying_VVG this_DT suture_NN _otherwise_RB wound_VVD dehiscences_NNS might_MD occur_VV _SENT Leaving_VVG longer_JJR cables_ ED07_tag
174 DT poor_JJ primary_JJ stability_NN _SENT These_DT complications_NNS still_RB allowed_VVD the_DT subjects_NNS to_TO wear_VV the_DT provisional_JJ immediate_ ED08_tag
175 n_IN survey_NN distribution_NN _but_CC general_JJ dentists_NNS apparently_RB did_VVD not_RB fill_VV the_DT questionnaire_NN as_IN in_IN Portugal_ ED11_tag
176 _RB since_IN after_IN 20_CD cases_NNS _these_DT authors_NNS only_RB found_VVD minimal_JJ accuracy_NN differences_NNS between_IN surgeons_NNS _SENT A ED20_tag
177 values_NNS close_JJ to_TO the_DT masticatory_JJ forces_NNS previously_RB reported_VVD ((Table_NP 2_CD)) _SENT Accordingly_RB _the_DT clinician_NN should_ ED21_tag
178 DT most_JJS _SENT All_DT three_CD test_NN groups_NNS _however_RB _showed_VVD mean_JJ resistance_NN values_NNS below_IN the_DT test_NN group_ ED15_tag
179 PP5 expectations_NNS fulfilled_VVN _and_CC that_IN/that_they_PP probably_RB improved_VVD their_PP5 QoL_NN _SENT The_DT OHIP-14_NP questionnaire_NN has_VHZ ED19_tag
180 al_NP _SENT 2013_15)) _SENT Cortelli_NP et_FW al_NP _SENT also_RB pointed_VVD out_RP that_DT early_JJ colonization_NN of_IN rough_JJ implant_ ED12_tag
181 VVZ that_IN/that_the_DT loaded_JJ implants_NNS that_WDT previously_RB suffered_VVD a_DT postoperative_JJ infection_NN have_VHP a_DT poor_JJ outcome_ ED16_tag
182 DT other_JJ hand_NN _both_DT monofilament_NN and_CC Supramini_NP @_SYM did_VVD not_RB untie_VV or_CC slip_VV and_CC had_VHD higher_ ED07_tag
183 ons_NNS _SENT The_DT vertical_JJ augmentation_NN techniques_NNS evaluated_VVN showed_VVD some_DT failures3_NN _11_CD _20_CD _25_CD -NN 29_CD _33_CD _ ED03_tag
184 both_DT arches_VVZ with_IN immediate_JJ loading_NN was_VBD done_VVN _yielded_VVD a_DT 100_CD %_NN implant_NN survival_NN rate_NN after_IN 2_CD ED08_tag
185 lated_JJ bone_NN substitute_NN +_SYM collagen_NN membrane_NN +_SYM pins_VVZ)) ranged_VVD from_IN a_DT reduction_NN of_IN -20.5_CD %_NN at_IN HT0 ED04_tag

AntConc 3.5.9 (Windows) 2020
File Global Settings Tool Preferences Help
Corpus Files Concordance Concordance Plot File View Clusters/N-Grams Collocates Word List Keyword List
Concordance Hits 205
Hit KWIC
182 DT other_JJ hand_NN _both_DT monofilament_NN and_CC Supramini_NP @_SYM did_VVD not_RB untie_VV or_CC slip_VV and_CC had_VHD higher_ ED07_tag
183 ons_NNS _SENT The_DT vertical_JJ augmentation_NN techniques_NNS evaluated_VVN showed_VVD some_DT failures3_NN _11_CD _20_CD _25_CD -NN 29_CD _33_CD _ ED03_tag
184 both_DT arches_VVZ with_IN immediate_JJ loading_NN was_VBD done_VVN _yielded_VVD a_DT 100_CD %_NN implant_NN survival_NN rate_NN after_IN 2_CD ED08_tag
185 lated_JJ bone_NN substitute_NN +_SYM collagen_NN membrane_NN +_SYM pins_VVZ)) ranged_VVD from_IN a_DT reduction_NN of_IN -20.5_CD %_NN at_IN HT0 ED04_tag
186 NP al_NP 2010_CD &_CC Bae_NP et_CC al_NP 2014_CD)) _which_WDT reported_VVD handling_NN and_CC adaptation_NN difficulties_NNS with_IN solid_JJ type_ ED04_tag
187 published_VVN by_IN Maló_NP et_CC al_NP _SENT ((3_CD)) that_WDT reported_VVD 6_CD fractures_NNS in_IN 6_CD patients_NNS _all_RB of_IN them_ ED09_tag
188 ehabilitations_NNS _SENT in_IN a_DT similar_JJ study_NN ((22_CD)) that_WDT used_VVD fully_RB acrylic_JJ ((metal-free_JJ)) restorations_NNS _a_DT 7.4_CD %_NN ED09_tag
189 _RB _a_DT soft-block_NN bone_NN substitute_NN _in_IN which_WDT deproteinized_VVD bovine_JJ bone_NN mineral_NN particles_NNS were_VBD incorporated ED04_tag
190 can_MD be_VB explained_VVN by_IN the_DT assumption_NN that_WDT keratinized_VVD mucosa_NN surrounding_VVG healthy_JJ implants_NNS has_VHZ the_DT ED17_tag
191 bacteria_NNS were_VBD probably_RB the_DT first_JJ method_NN that_WDT provided_VVD valuable_JJ data_NNS regarding_VVG the_DT bacteria_NNS present_JJ in_ ED18_tag
192 JJ study_NN _SENT The_DT applied_VVN polishing_NN protocol_NN _which_WDT removed_VVD the_DT threads_NNS and_CC microsurface_NNS but_CC tried_VVD to_ ED15_tag
193 the_DT final_JJ assessment_NN of_IN all_DT cases_NNS _which_WDT allowed_VVD to_TO gathered_VVN objective_JJ data_NNS of_IN the_DT main_ ED01_tag
194 is_VBZ in_IN accordance_NN with_IN those_DT papers_NNS that_WDT considered_VVD postoperative_JJ infections_NNS as_IN one_CD of_IN the_DT main_ ED16_tag
195 a_DT 10_CD %_NN of_IN fractured_JJ provisional_JJ prostheses_NNS that_WDT contained_VVD a_DT cast_NN metal_NN bar_NN inside_RB _SENT A_DT ED09_tag
196 other_JJ hand_NN _2_CD out_IN of_IN 5_CD implants_NNS that_WDT developed_VVD postoperative_JJ infection_NN had_VHD been_VBN immediately_RB placed_ ED09_tag
197 riodontal_JJ disease_NN _SENT Besides_RB _the_DT 2_CD implants_NNS that_WDT developed_VVD a_DT fistula_NN were_VBD immediate_JJ implants_NNS and_CC 1_CD ED09_tag
198 of_IN 1117_CD L3M_NP removals_NNS _that_DT lesions_NNS that_WDT did_VVD not_RB recover_VV after_IN 6_CD month_NN after_IN surgery_NN ED14_tag
199 this_DT study_NN _the_DT number_NN of_IN implants_NNS that_WDT failed_VVD over_IN the_DT osseointegration_NN period_NN amounted_VVD to_TO 24_CD ED16_tag
200 factors_NNS for_IN failure_NN in_IN dental_JJ implants_NNS that_WDT presented_VVD postoperative_JJ infections_NNS _SENT Prognostic_JJ research_NN provid ED16_tag
201 The_DT authors_NNS decided_VVD to_TO excluded_VVN implants_NNS that_WDT required_VVD simultaneous_JJ bone_NN grafting_VVG techniques_NNS because_IN these_ ED16_tag
202 CC Greenie_NP @_SYM silicone_NN impregnated_VVD polishers_NNS)) _which_WDT took_VVD a_DT mean_JJ time_NN of_IN 21_CD _SYM 4_CD min_NN ED15_tag
203 of_IN 3M_NP was_VBD beneficial_JJ _against_IN 1.6_CD %_NN who_WP found_VVD that_DT surgery_NN would_MD only_RB make_VV it_PP worse_ ED11_tag
204 ent_NN)) _whereas_IN _the_DT remaining_VVG 5_CD patients_NNS _who_WP attended_VVD the_DT follow-up_NN visits_NNS _had_VHD considerably_RB less_JJR ED01_tag
205 11_CD)) _SENT Indeed_RB _the_DT proportions_NNS of_IN subjects_NNS who_WP indicated_VVD antibiotics_NNS preoperatively_RB ((51.6_CD %_NN vs_NP 44.9_CD %_NN ED13_tag

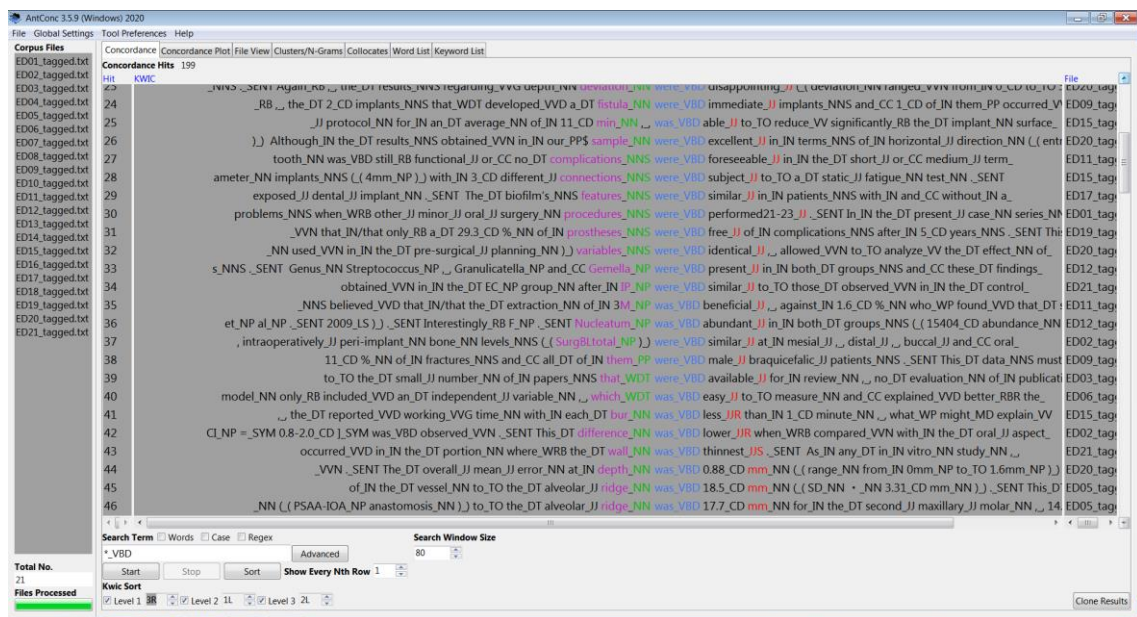
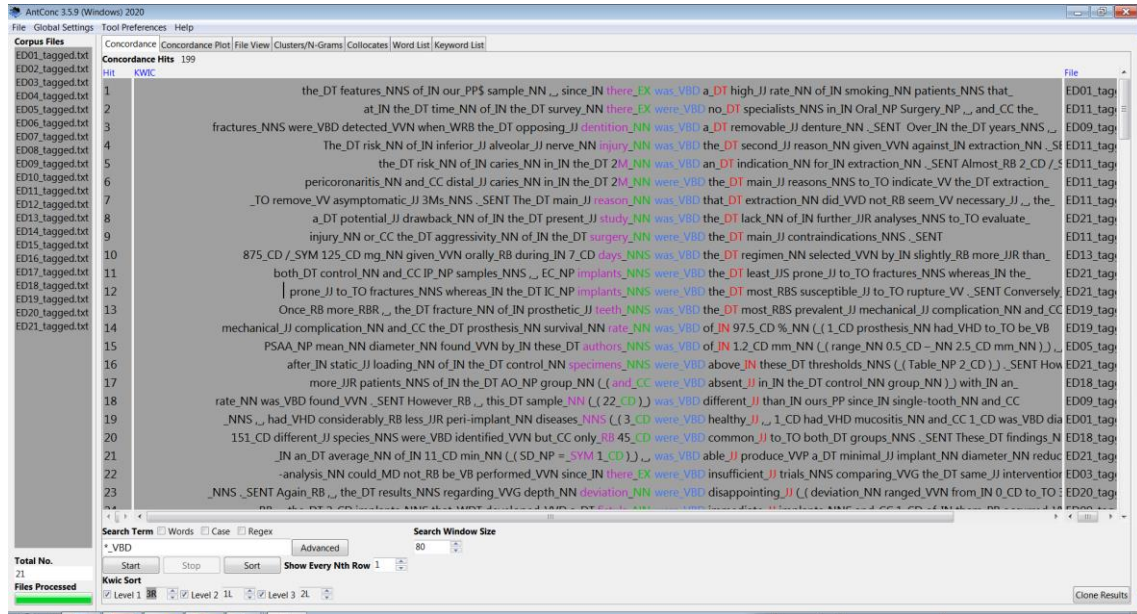
Tenses, non-finite verbs and sentence connectors in a dentistry corpus

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ED VBD 3R-1L-2L 199 of which 103 not auxiliary, but remove lines 6, 9 and 59 which are from the conclusion, so 196.



Tenses, non-finite verbs and sentence connectors in a dentistry corpus

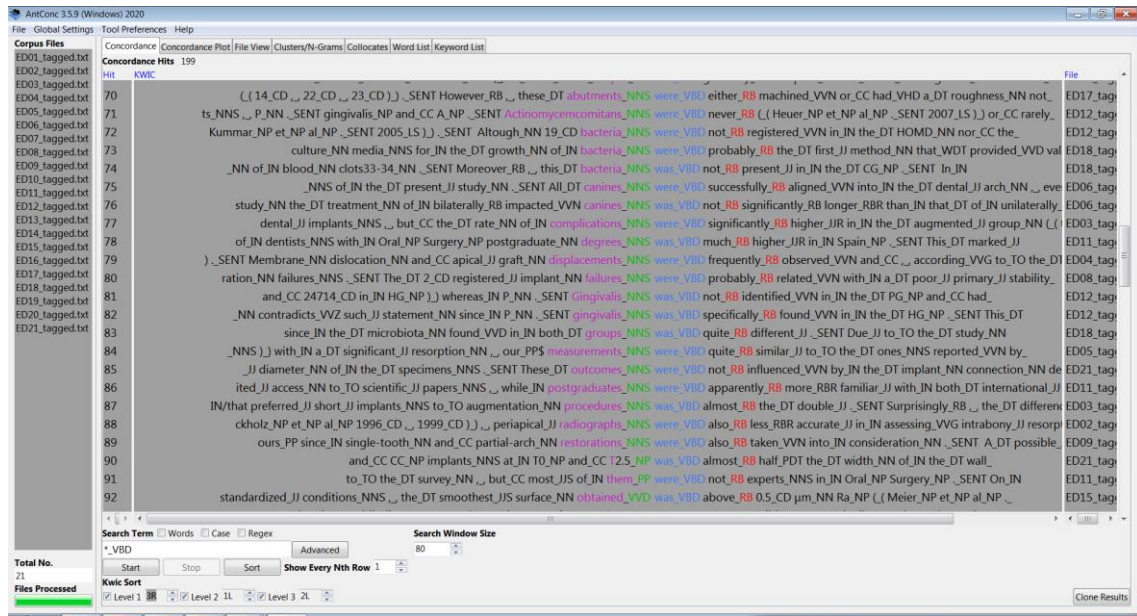
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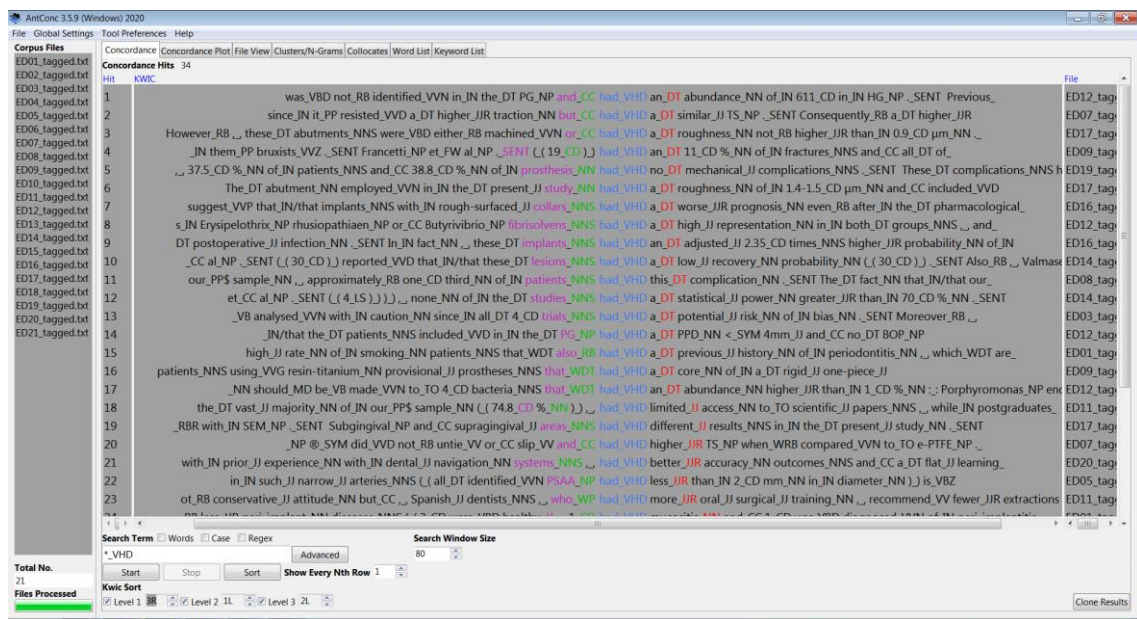
The screenshot shows the AntConc 3.5.9 interface. The search term is '* VBD'. The concordance hits list shows the following text:
47 _NN _SENT The_DT other_JJ most_RBS abundant_JJ bacteria_NNS found_VVN was_VBD F_NN _SENT Nucleatum_NP _SENT This_DT bacteria_NNS is_VBZ know ED12_tag
48 JJ process_NN at_IN the_DT surgery_NN site_NN _SENT This_DT was_VBD not_RB the_DT case_NN in_IN our_PPS report_NN and_ ED01_tag
49)_ fractured_VVN within_IN the_DT 9-months_NNS period_NN and_CC this_DT was_VBD significantly_RB related_VVN to_TO bruxism_NN and_CC upper_JJ arch_ ED09_tag
50 _DT fact_NN that_IN that surgery_NN was_VBD too_RB aggressive_JJ were_VBD also_RB referred_VVN to_TO as_IN a_DT contraindication_NN for_ ED11_tag
51 _NN of_IN the_DT structure_NN _SENT Thereby_RB _each_DT abutment_NN was_VBD first_RB studied_VVN using_VVG CLSM_NN and_CC later_RBR with_ ED17_tag
52 _ the_DT outcomes_NNS related_VVN with_IN the_DT depth_NN accuracy_NN were_VBD not_RB as_RB good_JJ as_RB expected_VVN _SENT The_DT ED20_tag
53 than_IN 0.9_CD µm_NN _SENT Moreover_RB _ the_DT macroscopic_JJ appearance_NN was_VBD quite_RB different_JJ from_IN that_DT of_IN a_DT dental_ ED17_tag
54 implant_NN survival_35_NN _ 36_CD Surprisingly_RB _ this_DT association_NN was_VBD not_RB found_VVN in_IN the_DT present_JJ study_NN _SENT ED16_tag
55 fractures_NNS _SENT Surprisingly_RB _ this_DT mechanical_JJ complication_NN was_VBD not_RB related_VVN with_IN osseointegration_NN failures_NNS _SENT ED08_tag
56 JJ paper_NN showed_VVD that_IN that the_DT learning_VVG curve_NN was_VBD much_RB higher_JJR with_IN dynamic_JJ guidance_NN in_IN comparison_ ED20_tag
57 implants_NNS _ the_DT presence_NN of_IN an_DT intrabony_JJ defect_NN was_VBD also_RB detected_VVN _SENT However_RB _ periapical_JJ radiograph_ ED02_tag
58 _VBD almost_RB the_DT double_JJ _SENT Surprisingly_RB _ the_DT difference_NN was_VBD not_RB significant_JJ _ probably_RB due_JJ to_TO the_DT small_ ED03_tag
59 _MD conclude_VV that_IN that years_NNS of_IN professional_JJ experience_NN were_VBD negatively_RB correlated_VVN with_IN the_DT perceived_VVN difficult_ ED11_tag
60 _NN of_IN random_JJ error_NN _SENT The_DT final_JJ model_NN was_VBD only_RB explicative_JJ _ without_IN being_VBG predictive_JJ _SENT Tc ED06_tag
61 _VBN biofilms_NNS _ the_DT live_RB /SYM dead_JJ bacteria_NNS ratio_NN was_VBD significantly_RB higher_JJR in_IN the_DT supragingival_JJ area_NN com ED17_tag
62 ((Chan_NP et_NP al_NP _SENT _ n.d._NP)) Fracture_NN resistance_NN was_VBD also_RB influenced_VVN by_IN implant_NN abutment-design_NNS ((ED21_tag
63 2016_LS)) _SENT In_IN both_DT studies_NNS the_DT final_JJ surface_NN was_VBD significantly_RB rougher_JJR than_IN the_DT original_JJ one_CD _SENT ED15_tag
64 _NN fracture_NN and_CC the_DT fact_NN that_IN that surgery_NN was_VBD too_RB aggressive_JJ were_VBD also_RB referred_VVN to_TO as_ ED11_tag
65 _VVD not_RB recover_VV after_IN 6_CD month_NN after_IN surgery_NN were_VBD very_RB likely_JJ to_TO be_VB permanent_JJ _SENT A_DT ED14_tag
66 extraction_NN did_VVD not_RB seem_VV necessary_JJ _ the_DT tooth_NN was_VBD still_RB functional_JJ or_CC no_DT complications_NNS were_VBD fores ED11_tag
67 _NN of_IN this_DT complication_NN _SENT However_RB _ this_DT variable_NN was_VBD not_RB included_VVN in_IN the_DT final_JJ Cox_NP proportional_ ED16_tag
68 _VVZ _SENT Besides_RB _ the_DT thickness_NN of_IN the_DT wall_NN was_VBD also_RB related_VVN to_TO the_DT fracture_NN pattern_NN _ since_ ED21_tag
69 _SENT in_IN these_DT studies_NNS _NA_NP of_IN 0.2_CD µm_NN Ra_NN was_VBD generally_RB accepted_VVN as_IN the_DT roughness_NN threshold_NN ED15_tag

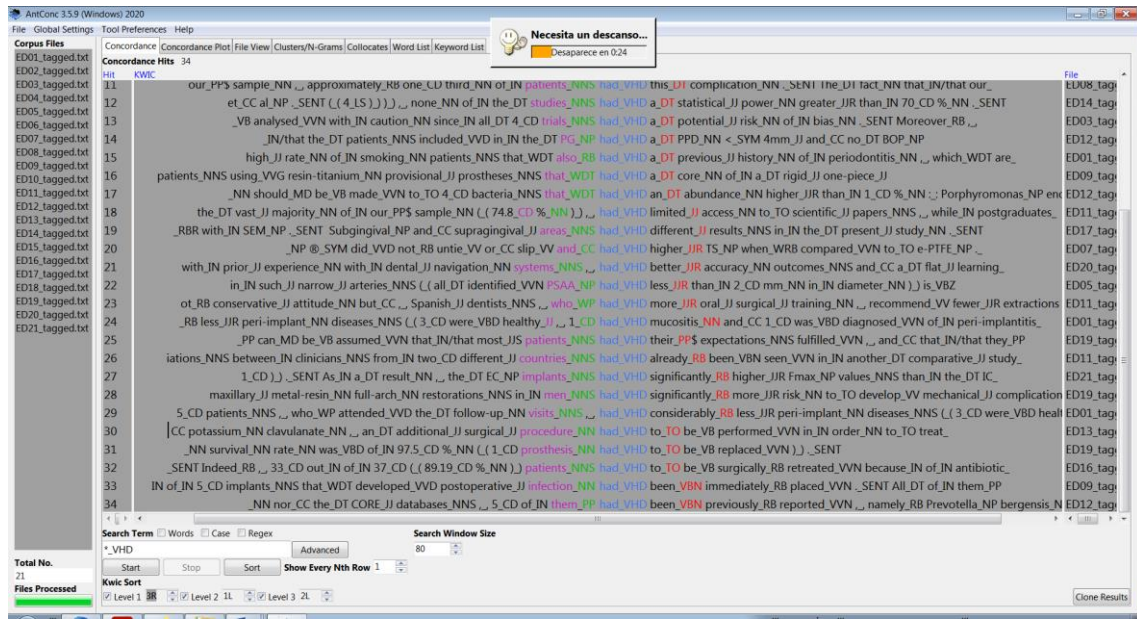
The screenshot shows the AntConc 3.5.9 interface. The search term is '* VBD'. The concordance hits list shows the following text:
70 ((14_CD _ 22_CD _ 23_CD)) _SENT However_RB _ these_DT abutments_NNS were_VBD either_RB machined_VVN or_CC had_VHD a_DT roughness_NN not_ ED17_tag
71 ts_NNS _ P_NN _SENT gingivalis_NP and_CC A_NP _SENT Actinomycetemcomitans_NNS were_VBD never_RB ((Heur_NP et_NP al_NP _SENT 2007_LS)) or_CC rarely_ ED12_tag
72 Kummur_NP et_NP al_NP _SENT 2005_LS)) _SENT Although_NN 19_CD bacteria_NNS were_VBD not_RB registered_VVN in_IN the_DT HOMD_NN nor_CC the_ ED12_tag
73 culture_NN media_NNS for_IN the_DT growth_NN of_IN bacteria_NNS were_VBD probably_RB the_DT first_JJ method_NN that_WDT provided_VVD val ED18_tag
74 _NN of_IN blood_NN clots33-34_NN _SENT Moreover_RB _ this_DT bacteria_NNS were_VBD not_RB present_JJ in_IN the_DT CG_NP _SENT In_IN ED18_tag
75 _NNS of_IN the_DT present_JJ study_NN _SENT All_DT canines_NNS were_VBD successfully_RB aligned_VVN into_IN the_DT dental_JJ arch_NN _ eve ED06_tag
76 study_NN the_DT treatment_NN of_IN bilaterally_RB impacted_VVN canines_NNS was_VBD not_RB significantly_RB longer_RBR than_IN that_DT of_IN unilaterally_ ED06_tag
77 dental_JJ implants_NNS _ but_CC the_DT rate_NN of_IN complications_NNS were_VBD significantly_RB higher_JJR in_IN the_DT augmented_JJ group_NN ((ED03_tag
78 of_IN dentists_NNS with_IN Oral_NP Surgery_NP postgraduate_NN degrees_NNS was_VBD much_RB higher_JJR in_IN Spain_NP _SENT This_DT marked_JJ ED11_tag
79)_ _SENT Membrane_NN dislocation_NN and_CC apical_JJ graft_NN displacements_NNS were_VBD frequently_RB observed_VVN and_CC _ according_VVG to_TO the_DT ED04_tag
80 ration_NN failures_NNS _SENT The_DT 2_CD registered_JJ implant_NN failures_NNS were_VBD probably_RB related_VVN with_IN a_DT poor_JJ primary_JJ stability_ ED08_tag
81 and_CC 24714_CD in_IN HG_NP)) whereas_IN P_NN _SENT Gingivalis_NNS was_VBD not_RB identified_VVN in_IN the_DT PG_NP and_CC had_ ED12_tag
82 _NN contradicts_VVZ such_JJ statement_NN since_IN P_NN _SENT gingivalis_NNS was_VBD specifically_RB found_VVN in_IN the_DT HG_NP _SENT This_DT ED12_tag
83 since_IN the_DT microbiota_NN found_VVD in_IN both_DT groups_NNS was_VBD quite_RB different_JJ _SENT Due_JJ to_TO the_DT study_NN ED18_tag
84 _NNS)) with_IN a_DT significant_JJ resorption_NN _ our_PPS measurements_NNS were_VBD quite_RB similar_JJ to_TO the_DT ones_NNS reported_VVN by_ ED05_tag
85 JJ diameter_NN of_IN the_DT specimens_NNS _SENT These_DT outcomes_NNS were_VBD not_RB influenced_VVN by_IN the_DT implant_NN connection_NN de ED21_tag
86 ited_JJ access_NN to_TO scientific_JJ papers_NNS _ while_IN postgraduates_NNS were_VBD apparently_RB more_RBR familiar_JJ with_IN both_DT international_JJ ED11_tag
87 IN that preferred_JJ short_JJ implants_NNS to_TO augmentation_NN procedures_NNS was_VBD almost_RB the_DT double_JJ _SENT Surprisingly_RB _ the_DT differ ED03_tag
88 chholz_NP et_NP al_NP 1996_CD _ 1999_CD)) _periapical_JJ radiographs_NNS were_VBD also_RB less_RBR accurate_JJ in_IN assessing_VVG intrabony_JJ resorp ED02_tag
89 ours_PP since_IN single-tooth_NN and_CC partial-arch_NN restorations_NNS were_VBD also_RB taken_VVN into_IN consideration_NN _SENT A_DT possible_ ED09_tag
90 and_CC CC_NP implants_NNS at_IN TO_NP and_CC 12.5_NP was_VBD almost_RB half_PDT the_DT width_NN of_IN the_DT wall_ ED21_tag
91 to_TO the_DT survey_NN _ but_CC most_JJS of_IN them_PP were_VBD not_RB experts_NNS in_IN Oral_NP Surgery_NP _SENT On_IN ED11_tag
92 standardized_JJ conditions_NNS _ the_DT smoothest_JJS surface_NN obtained_VVD was_VBD above_RB 0.5_CD µm_NN Ra_NP ((Meier_NP et_NP al_NP _



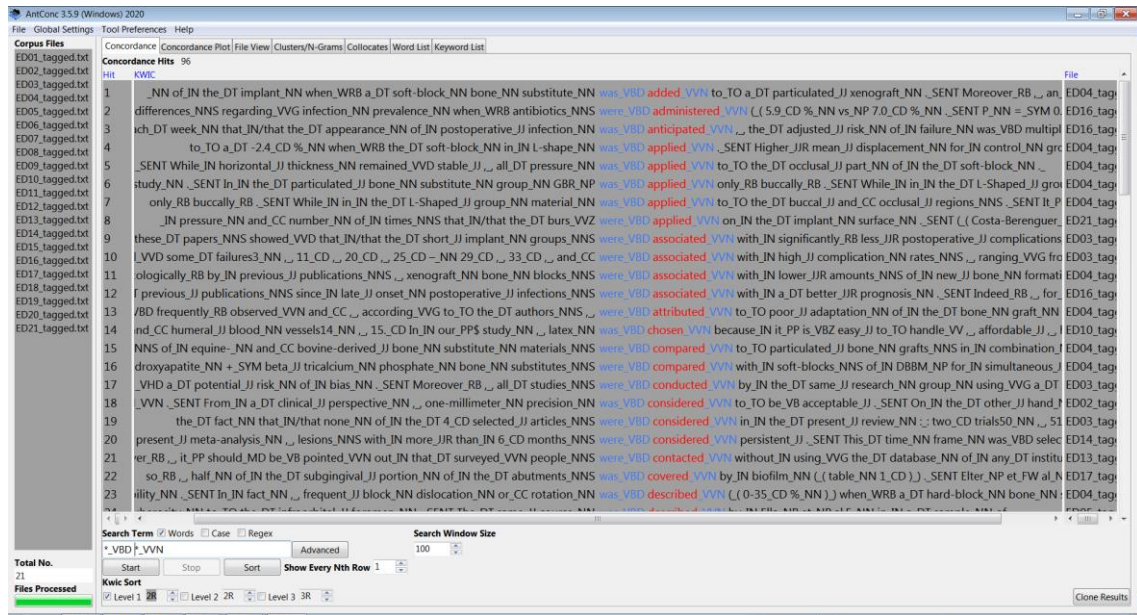
The rest were all followed by past participles.

ED VHD (*had*) 3R-1L-2L: 34 of which 3 auxiliary (nos. 26, 33 and 34 followed by VBN and VVN, with RB time adverbs of this verb in varying positions). But remove line 23 (from ED11 conclusions) so 33 of which 3 auxiliary.





ED VBD VVN Passive past: 96

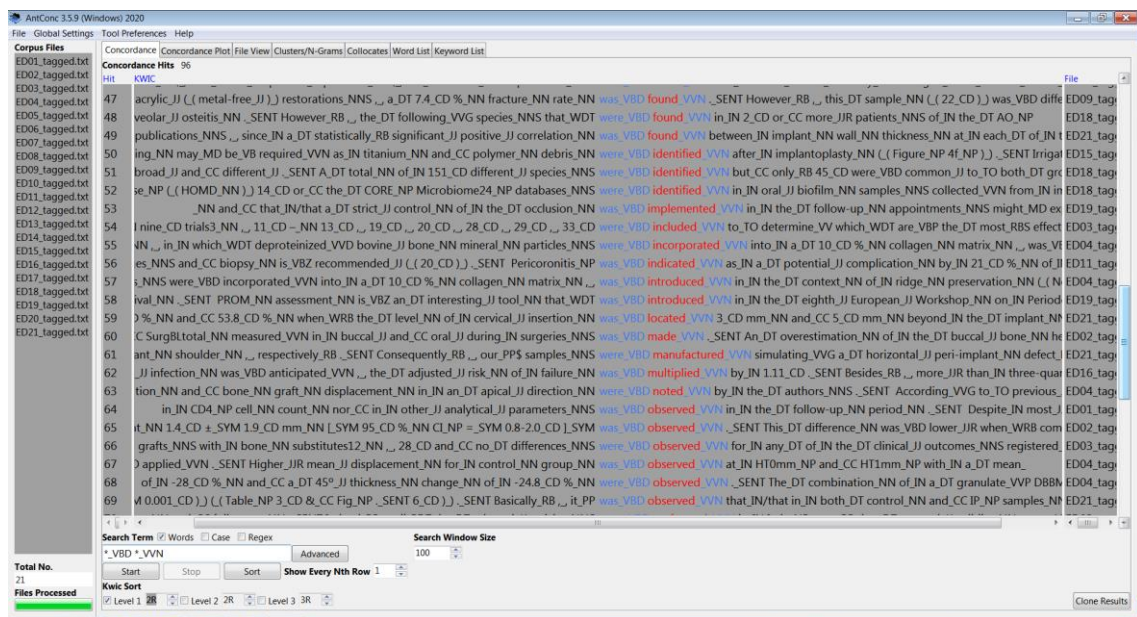
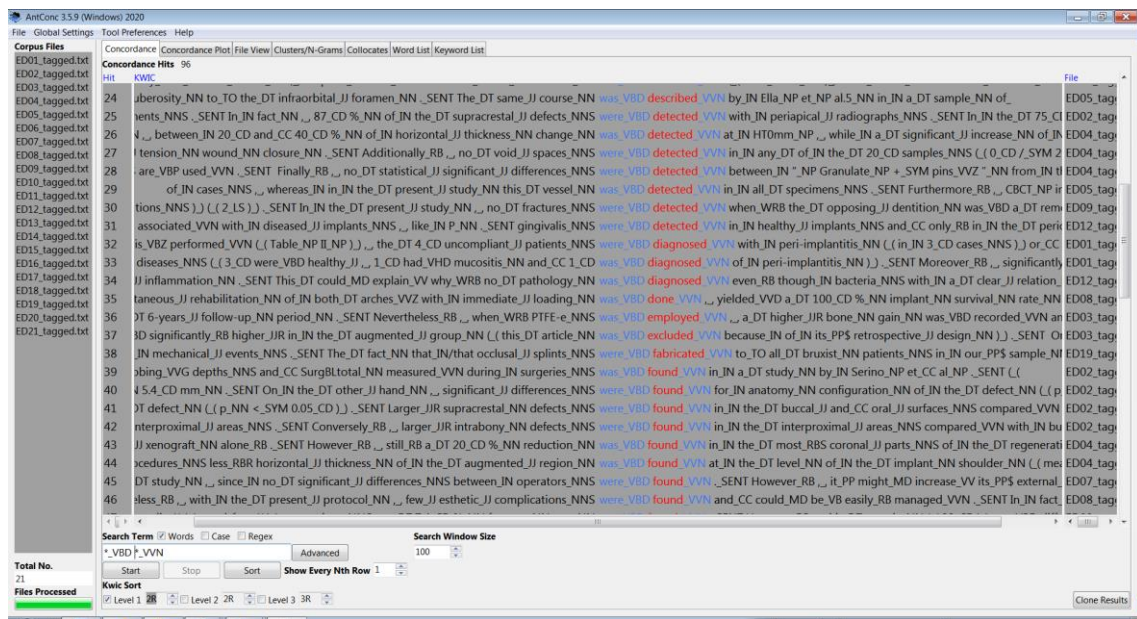


Tenses, non-finite verbs and sentence connectors in a dentistry corpus

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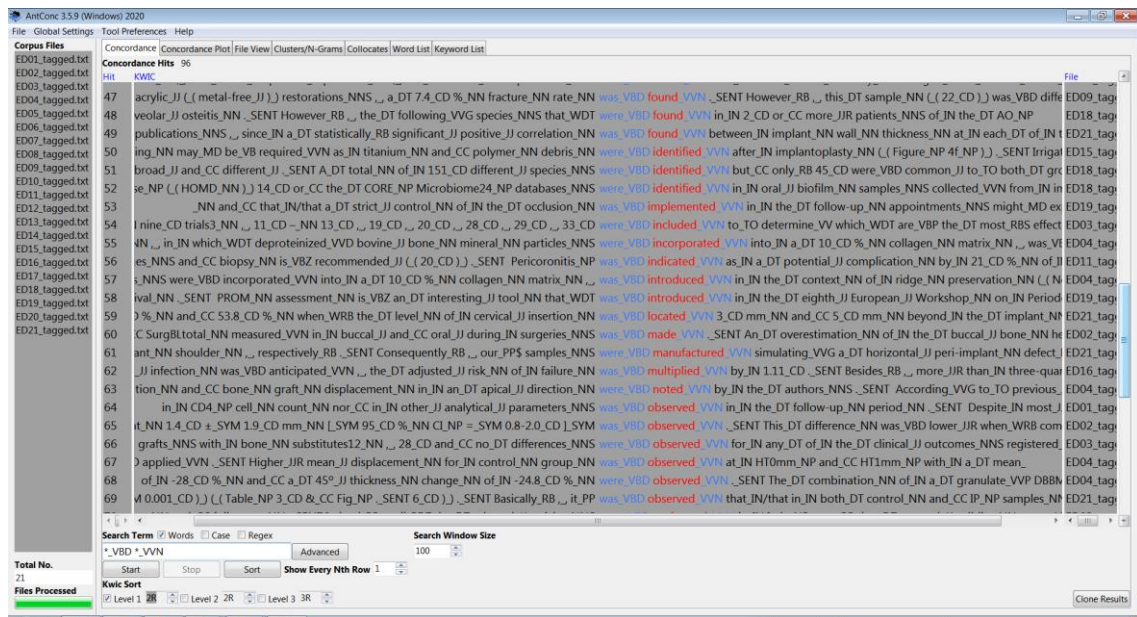
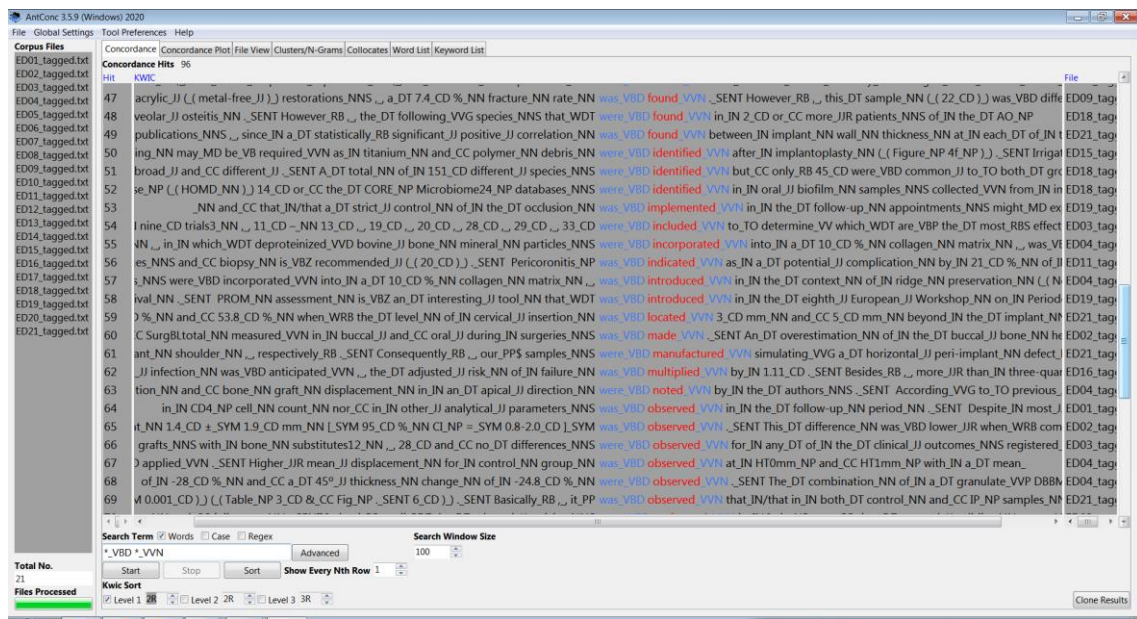


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Tenses, non-finite verbs and sentence connectors in a dentistry corpus

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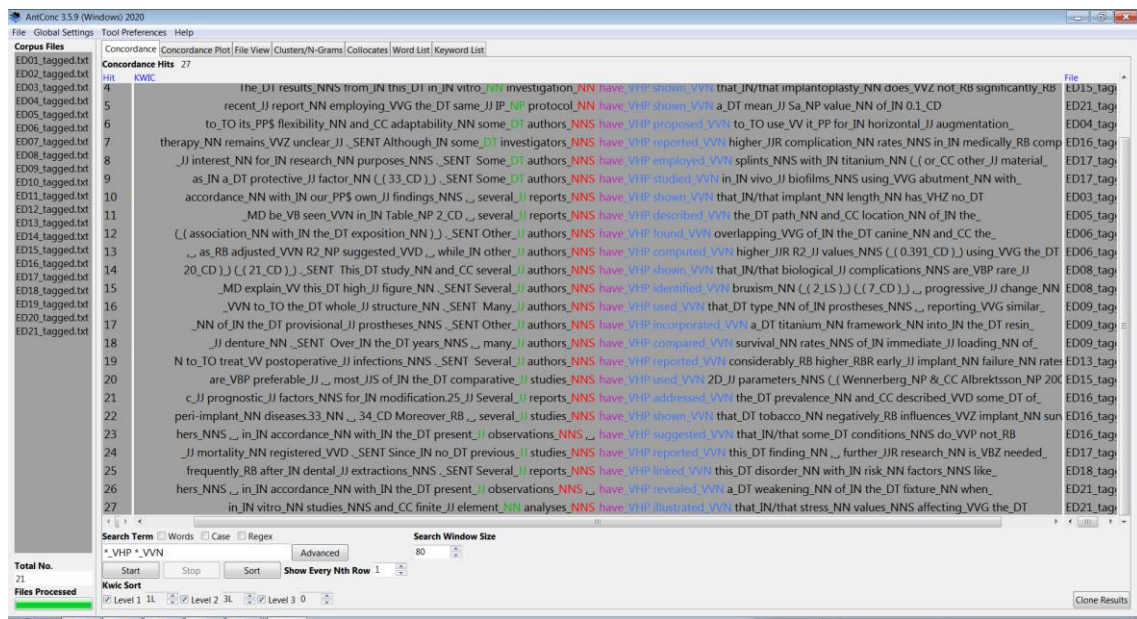
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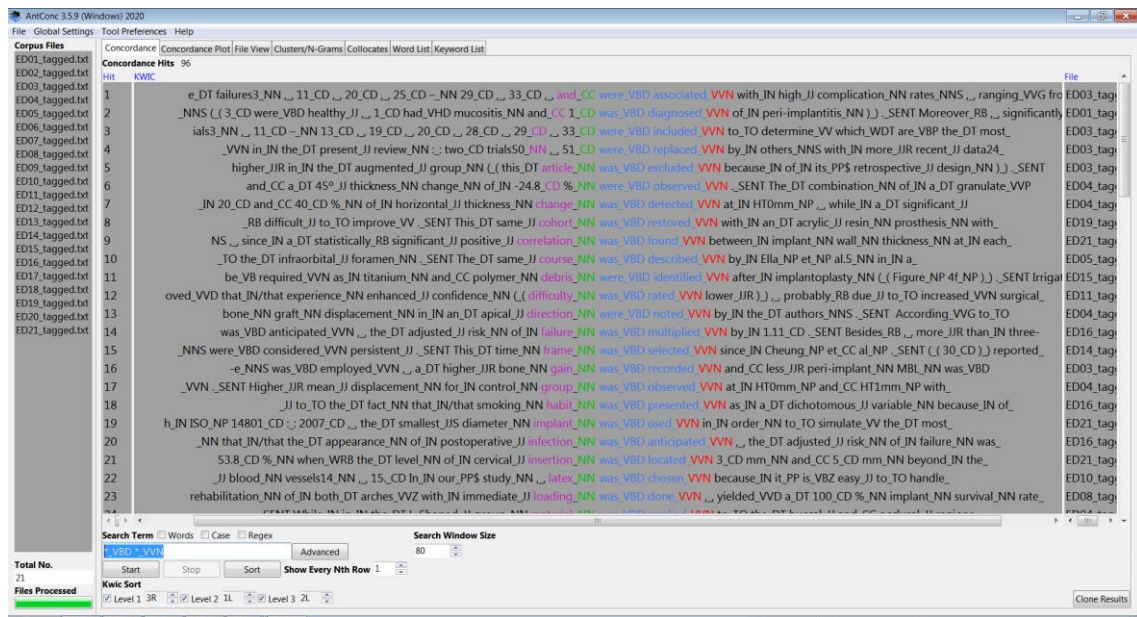
VBD RB VVN: 20

VBD not RB VVN: 0

ED Present perfect simple: has + past participle (-ed): *_VHZ *_VVN: 9



ED * _VBD * _VVN 3R-1L-2L: 96



Tenses, non-finite verbs and sentence connectors in a dentistry corpus

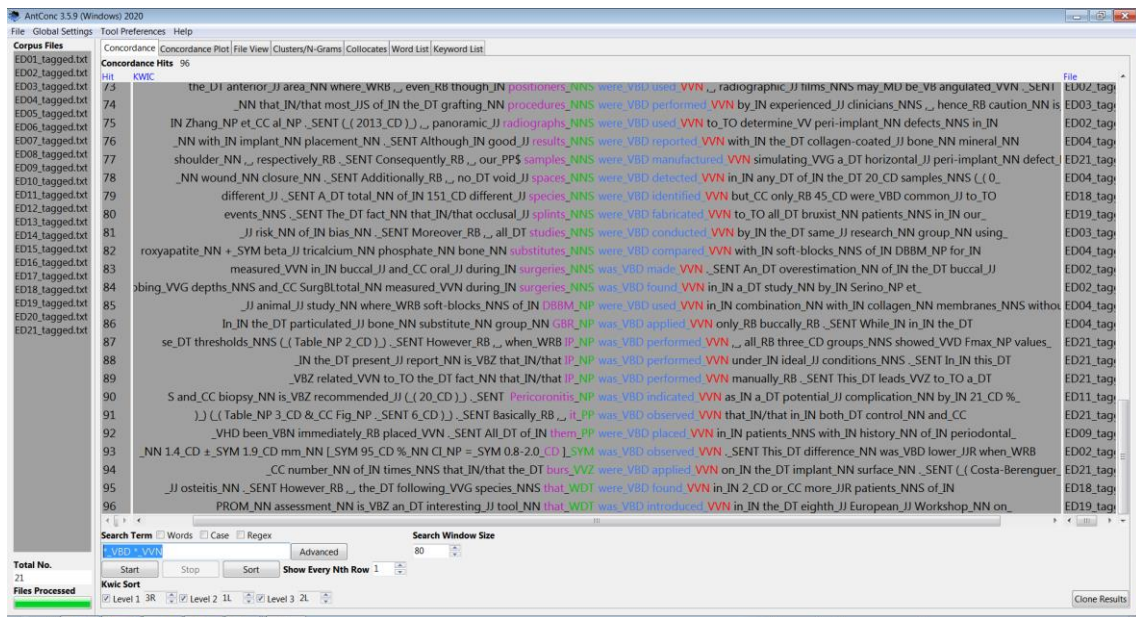
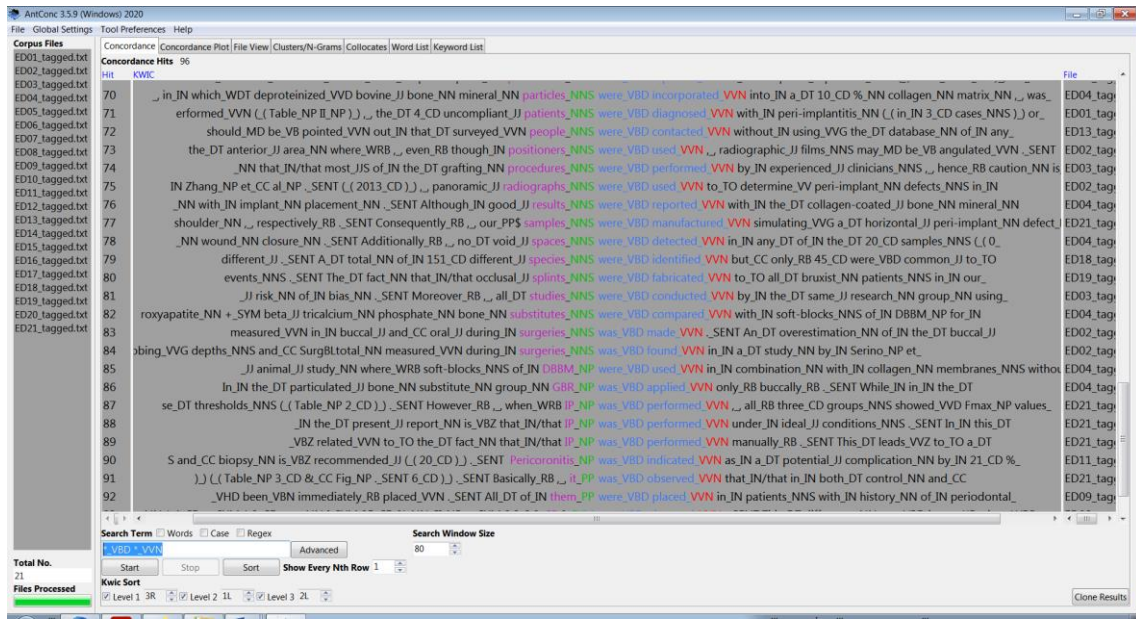
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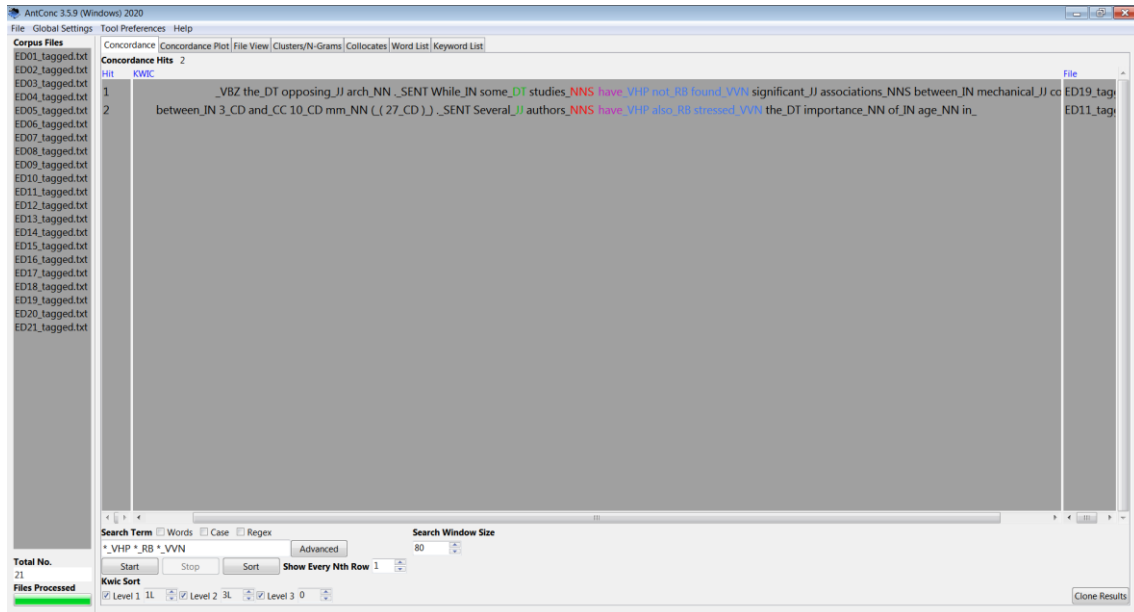
Appendices

AntConc 3.5.9 (Windows) 2020
File Global Settings Tool Preferences Help
Corpus Files Concordance Concordance Plot File View Clusters/N-Grams Collocates Word List Keyword List
Concordance Hits 96
Hit KWIC
24 .SENT While_IN_IN the_DT L-Shaped_JJ group_NN material_NN was_VBD applied_VVN to_TO the_DT buccal_JJ and_CC occlusal_JJ regions_ ED04_tag
25 were_VBD incorporated_VVN into_IN a_DT 10_CD % NN collagen_NN matrix_NN was_VBD introduced_VVN in_IN the_DT context_NN of_IN ridge_NN preservation_ ED04_tag
26 NN was_VBD recorded_VVN and_CC less_JJR peri-implant_NN MRI_NN was_VBD registered_VVN over_IN time_NN .SENT ED03_tag
27 a_NN ((neutrophilic_JJ leukocytes_NNS <_SYM 500_CD cells_NNS /_SYM mm3_JJ)) were_VBD recorded_VVN most_JJS authors_NNS found_VVD no_DT differences_NNS bet ED01_tag
28 in_IN that_a_DT strict_JJ control_NN of_IN the_DT occlusion_NN was_VBD implemented_VVN in_IN the_DT follow-up_NN appointments_NNS might_MD ED19_tag
29 in_IN the_DT posterior_JJ maxilla61_NN and_CC one_CD paper_NN was_VBD rejected_VVN because_IN standard_JJ implants_NNS were_VBD placed_VVN in_ ED03_tag
30 NN .SENT This_DT could_MD explain_VV why_WRB no_DT pathology_NN was_VBD diagnosed_VVN even_RB though_IN bacteria_NNS with_IN a_DT clear_ ED12_tag
31 SENT From_IN a_DT clinical_JJ perspective_NN one-millimeter_NN precision_NN was_VBD considered_VVN to_TO be_VB acceptable_JJ .SENT On_IN the_DT ED02_tag
32 ile_IN horizontal_JJ thickness_NN remained_VVD stable_JJ all_DT pressure_NN was_VBD applied_VVN to_TO the_DT occlusal_JJ part_NN of_IN the_ ED04_tag
33 ((metal-free_JJ)) restorations_NNS a_DT 7.4_CD % NN fracture_NN rate_NN was_VBD found_VVN .SENT However_RB this_DT sample_NN ((22_CD)) was_VBD diffe ED09_tag
34 NN alone_RB .SENT However_RB still_RB a_DT 20_CD % NN reduction_NN was_VBD found_VVN in_IN the_DT most_RBS coronal_JJ parts_NNS of_ ED04_tag
35 less_RBR horizontal_JJ thickness_NN of_IN the_DT augmented_JJ region_NN was_VBD found_VVN at_IN the_DT level_NN of_IN the_DT implant_ ED04_tag
36 in_IN fact_NN frequent_JJ block_NN dislocation_NN or_CC rotation_NN was_VBD described_VVN ((0-35_CD % NN)) when_WRB a_DT hard-block_NN bone_NN ED04_tag
37 -2.4_CD % NN when_WRB the_DT soft-block_NN in_IN the_DT L-shape_NN was_VBD applied_VVN .SENT Higher_JJR mean_JJ displacement_NN for_IN control_NN ED04_tag
38 while_IN a_DT significant_JJ increase_NN of_IN graft_NN stability_NN was_VBD reported_VVN in_IN the_DT middle_JJ and_CC apical_JJ areas_ ED04_tag
39 DT implant_NN when_WRB a_DT soft-block_NN bone_NN substitute_NN was_VBD added_VVN to_TO a_DT particulated_JJ xenograft_NN .SENT Moreover_RB ED04_tag
40 VVN ((0-35_CD % NN)) when_WRB a_DT hard-block_NN bone_NN substitute_NN was_VBD used_VVN without_IN pins_NNS .SENT This_DT is_VB in_IN ED04_tag
41 whereas_IN in_IN the_DT present_JJ study_NN this_DT vessel_NN was_VBD detected_VVN in_IN all_DT specimens_NNS .SENT Furthermore_RB CBCT_NP ED05_tag
42 of_IN the_DT gingival_JJ portion_NN of_IN the_DT abutments_NNS was_VBD covered_VVN by_IN biofilm_NN ((table_NN 1_CD)) .SENT Etter_NP et_ ED17_tag
43 fferences_NNS regarding_VVG infection_NN prevalence_NN when_WRB antibiotics_NNS were_VBD administered_VVN ((5.9_CD % NN vs_NP 7.0_CD % NN .SENT P_NN =_SYM 0 ED16_tag
44 follow-up_NN .SENT Indeed_RB all_PDT the_DT selected_JJ articles_NNS were_VBD performed_VVN in_IN Italy_NP so_RB that_DT external_JJ validity_ ED03_tag
45 that_IN that none_NN of_IN the_DT 4_CD selected_JJ articles_NNS were_VBD considered_VVN in_IN the_DT present_JJ review_NN : two_CD trials50 ED03_tag
46 frequently_RB observed_VVN and_CC according_VVG to_TO the_DT authors_NNS were_VBD attributed_VVN to_TO poor_JJ adaptation_NN of_IN the_DT bone_ ED04_tag

AntConc 3.5.9 (Windows) 2020
File Global Settings Tool Preferences Help
Corpus Files Concordance Concordance Plot File View Clusters/N-Grams Collocates Word List Keyword List
Concordance Hits 96
Hit KWIC
47 cally_RB by_IN previous_JJ publications_NNS xenograft_NN bone_NN blocks_NNS were_VBD associated_VVN with_IN lower_JJR amounts_NNS of_IN new_JJ bone_ ED04_tag
48 sent_JJ case_NN series_NN no_DT early_JJ postoperative_JJ complications_NNS were_VBD reported_VVN .SENT However_RB the_DT degree_NN of_IN immunosuppress ED01_tag
49 with_IN the_DT present_JJ protocol_NN few_JJ esthetic_JJ complications_NNS were_VBD found_VVN and_CC could_MD be_VB easily_RB managed_VVN .SENT ED08_tag
50 NP ((HOMD_NN)) 14_CD or_CC the_DT CORE_NP Microbiome24_NP databases_NNS were_VBD identified_VVN in_IN oral_JJ biofilm_NN samples_NNS collected_VVN from_ ED18_tag
51 ect_NN ((p_NN <_SYM 0.05_CD)) .SENT Larger_JJR supracrestal_NN defects_NNS were_VBD found_VVN in_IN the_DT buccal_JJ and_CC oral_JJ surfaces_ ED02_tag
52 ximal_JJ areas_NNS .SENT Conversely_RB larger_JJR intrabony_NN defects_NNS were_VBD found_VVN in_IN the_DT interproximal_JJ areas_NNS compared_VVN with_ ED02_tag
53 in_IN fact_NN 87_CD % NN of_IN the_DT supracrestal_JJ defects_NNS were_VBD detected_VVN with_IN periapical_JJ radiographs_NNS .SENT in_IN the_DT 75_ ED02_tag
54 NN .SENT On_IN the_DT other_JJ hand_NN significant_JJ differences_NNS were_VBD found_VVN for_IN anatomy_NN configuration_NN of_IN the_DT defect_ ED02_tag
55 NNS with_IN bone_NN substitutes12_NN 28_CD and_CC no_DT differences_NNS were_VBD observed_VVN for_IN any_DT of_IN the_DT clinical_JJ outcomes_ ED03_tag
56 VVN .SENT Finally_RB no_DT statistical_JJ significant_JJ differences_NNS were_VBD detected_VVN between_IN NP Granulate_NP +_SYM pins_VVZ NN from_IN ED04_tag
57 JJ follow-up_NN period_NN .SENT Nevertheless_RB when_WRB PTFE-NNS was_VBD employed_VVN a_DT higher_JJR bone_NN gain_NN was_VBD recorded_ ED03_tag
58 ((2_LS)) .SENT In_IN the_DT present_JJ study_NN no_DT fractures_NNS were_VBD detected_VVN when_WRB the_DT opposing_JJ dentition_NN was_VBD a_ ED09_tag
59 VVN with_IN diseased_JJ implants_NNS like_IN P_NN .SENT gingivitis_NNS were_VBD detected_VVN in_IN healthy_JJ implants_NNS and_CC only_RB in_ ED12_tag
60 NNS showed_VVD that_IN that the_DT short_JJ implant_NN groups_NNS were_VBD associated_VVN with_IN significantly_RB less_JJR postoperative_JJ complications_ ED03_tag
61 one_CD paper_NN was_VBD rejected_VVN because_IN standard_JJ implants_NNS were_VBD placed_VVN in_IN native_JJ bone62_NN .SENT Treatment_NN duration_NN ED03_tag
62 present_JJ study_NN since_IN all_PDT the_DT lost_JJ implants_NNS were_VBD replaced_VVN without_IN the_DT need_NN to_TO change_VV the_ ED09_tag
63 s_JJ publications_NNS since_IN late_JJ onset_NN postoperative_JJ infections_NNS were_VBD associated_VVN with_IN a_DT better_JJR prognosis_NN .SENT Indeed_RB ED16_tag
64 NN a_DT periodontal_JJ probe_NN with_IN 1_CD mm_NN marks_NNS was_VBD used_VVN .SENT From_IN a_DT clinical_JJ perspective_NN one-millimeter_ ED02_tag
65 in_IN equine_NN and_CC bovine-derived_JJ bone_NN substitute_NN materials_NNS were_VBD compared_VVN to_TO particulated_JJ bone_NN grafts_NNS in_IN combination_ ED04_tag
66 meta-analysis_NN lesions_NNS with_IN more_JJR than_IN 6_CD months_NNS were_VBD considered_VVN persistent_JJ .SENT This_DT time_NN frame_NN was_VBD ED14_tag
67 y_NN since_IN no_DT significant_JJ differences_NNS between_IN operators_NNS were_VBD found_VVN .SENT However_RB it_PP might_MD increase_VV its_PP\$ ED07_tag
68 cell_NN count_NN nor_CC in_IN other_JJ analytical_JJ parameters_NNS was_VBD observed_VVN in_IN the_DT follow-up_NN period_NN .SENT Despite_ ED01_tag
69 RB better_JJR results_NNS in_IN all_DT peri-implant_NN parameters_NNS were_VBD reported_VVN in_IN compliant_JJ patients_NNS ((Table_NP III_NP)) 32_CD ED01_tag



have <adverb> -ed: *_VHP *_RB *_VVN: 2

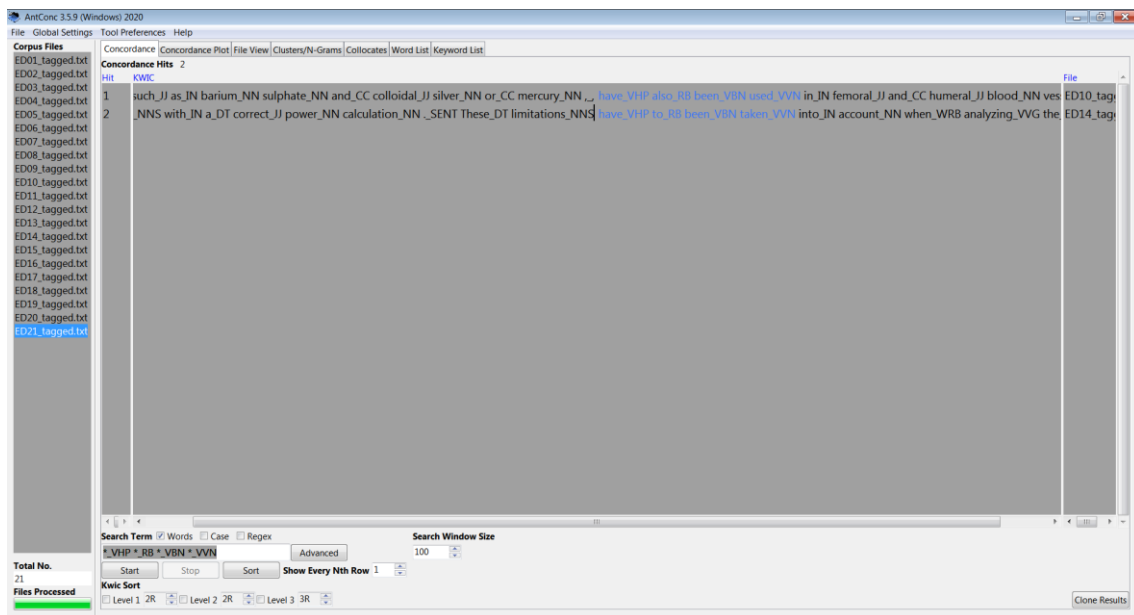


ED Passive present perfect (+not) +adv

*_VHZ *_RB *_VBN *_VVN: 0

*_VHZ not_RB *_RB *_VBN *_VVN: 0

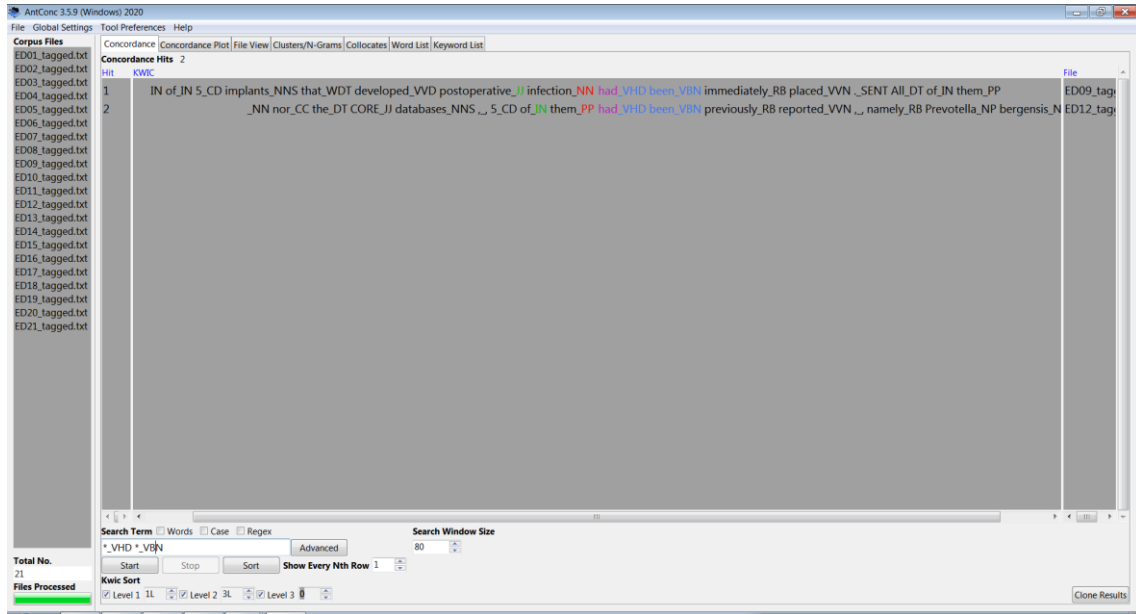
*_VHP *_RB *_VBN *_VVN: 2 (1 of which is error):



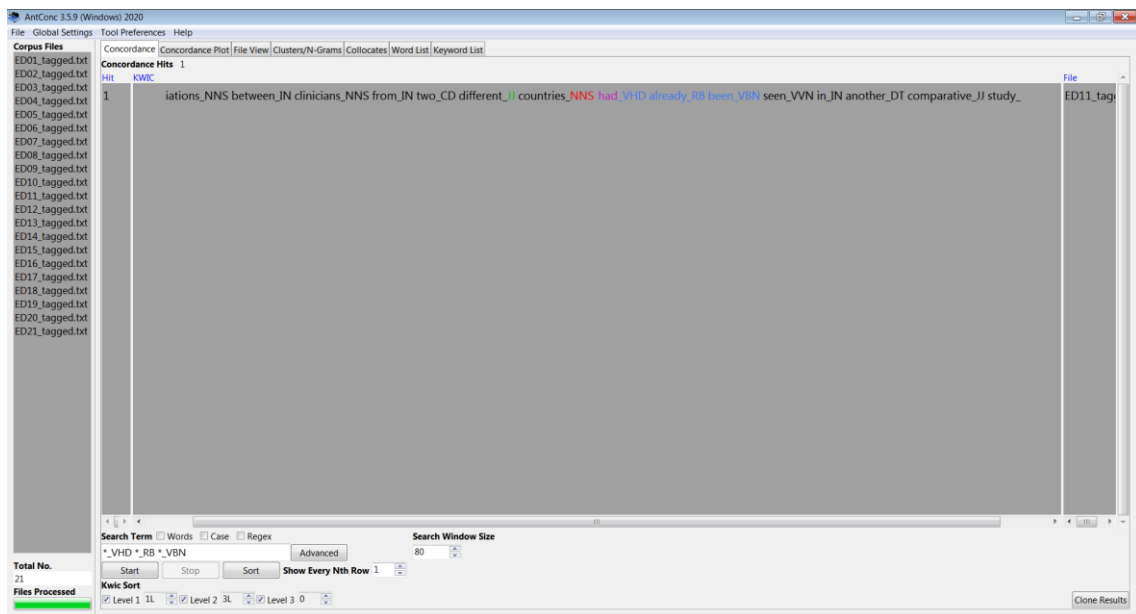
*_VHP not_RB *_RB *_VBN *_VVN: 0

ED 1L-3L-0 (*past perfect simple aka pluperfect*): had -ed *_VHD *_VVN: 0; had had *_VHD *_VHN: 0;

had been *_VHD *_VBN: 2



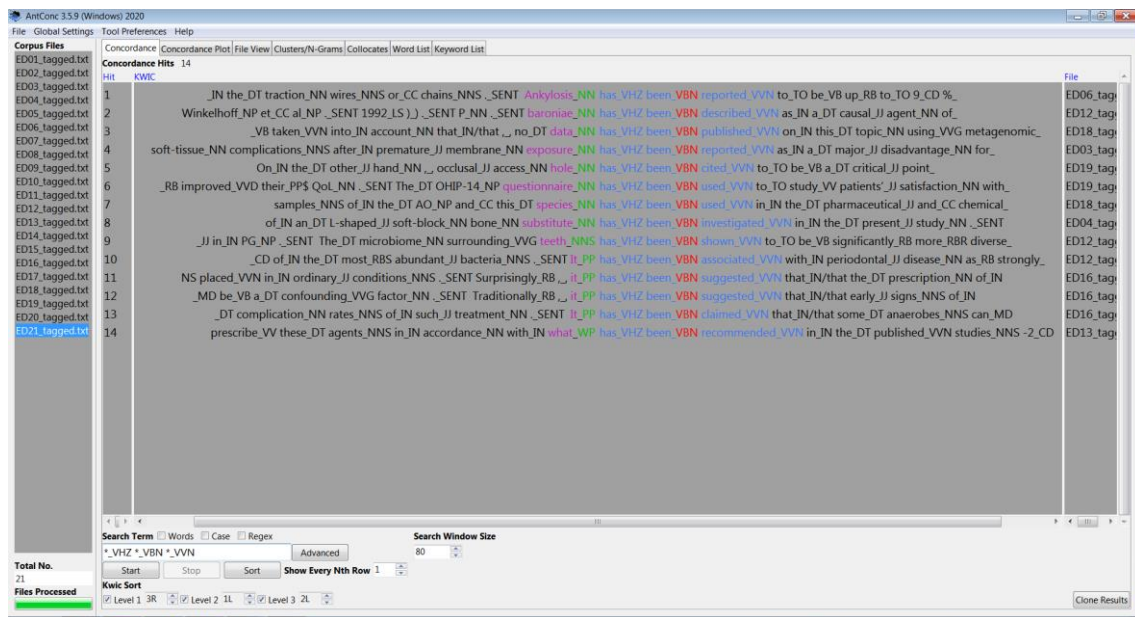
had <adverb> been *_VHD *_RB *_VBN:



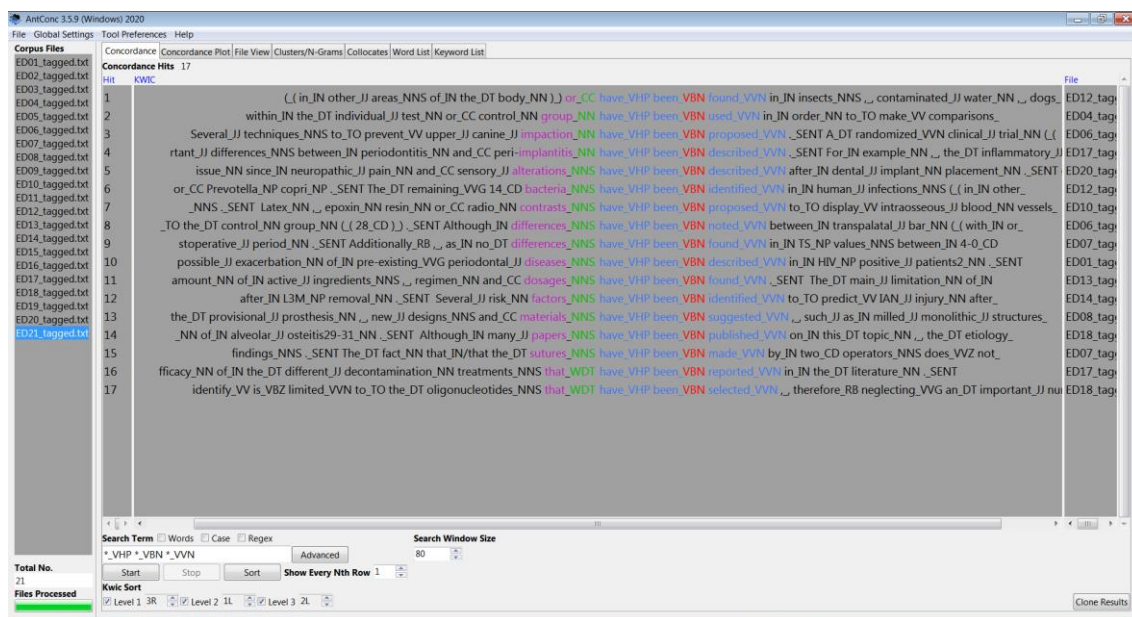
had <adverb> -ed * **_VHD** * **_RB** * **_VVN**: 0; had <adverb> had * **_VHD** * **_RB** * **_VHN**: 0.

ED Passive present perfect:

Has been + past participle -ed: * **_VHZ** * **_VBN** * **_VVN** 3R-1L-2L: 14, impersonal reporting constructions:



Have been + past participle -ed: * **_VHP** * **_VBN** * **_VVN**: 17, of which several could be tense mistakes:



b) Spanish

(Only queries that returned results.)

SD present tense VMIP:

- 1 OMP0 0.992728 que que PROCN00 0.550139 no no RN 0.999297
llevan_a_cabo llevar_a_cabo VMIP3P0 1 colgajo colgajo NCMS000 1 , , Fc 1
por por SP 1 la el DA0FS0 0.98926 mayor mayor SDfilesmergedinorder-TEI_pos-
fl.txt
- 2 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 2011 2011 Z 1)) Fpt 1
abogan abogar VMIP3P0 1 por por SP 1 la el DA0FS0 0.98926 posición
posición NCFS000 1 natural natural AQ0 SDfilesmergedinorder-TEI_pos-fl.txt
- 3 posterior AQ0CS00 1 , , Fc 1 lo el DA00S0 0.665165 que que PROCN00
0.550139 acelera acelerar VMIP3S0 0.989235 la el DA0FS0 0.98926 destrucción
destrucción NCFS000 1 de de SP 0.999961 los el DA0 SDfilesmergedinorder-
TEI_pos-fl.txt
- 4 analizar VMN0000 1 si si CS 0.999827 el el DA0MS0 1 hueso hueso
NCMS000 1 acompaña acompañar VMIP3S0 0.989241 a a SP 0.998775 los el

DA0MP0 0.992728 dientes diente NCMP000 0.992424 durante durante

SDfilesmergedinorder-TEI_pos-fl.txt

5 MIP3S0 0.997925 certeza certeza NCFS000 1 de de SP 0.999961 cómo cómo

PT00000 0.997099 actúa actuar VMIP3S0 0.987805 la el DA0FS0 0.98926

clorhexidina clorhexidina NCFS000 1 en en SP 1 la el DA0

SDfilesmergedinorder-TEI_pos-fl.txt

6 demás además RG 1 los el DA0MP0 0.992728 fabricantes fabricante NCCP000

0.98913 adicionan adicionar VMIP3P0 1 de de SP 0.999961 ftalato ftalato NCMS000 1

de de SP 0.999961 di-butilo di-butilo SDfilesmergedinorder-TEI_pos-fl.txt

7 0 1 la el DA0FS0 0.98926 relevancia relevancia NCFS000 1 que que PROCN00

0.550139 adquiere adquirir VMIP3S0 0.989241 en en SP 1 los el DA0MP0 0.992728

ensayos ensayo NCMP000 1 clínicos clínico AQ0 SDfilesmergedinorder-TEI_pos-fl.txt

8 1 lo el DA00S0 0.665165 que que PROCN00 0.550139 se se P00CN00

0.494509 advierte advertir VMIP3S0 0.991071 sobre sobre SP 0.997804 la el

DA0FS0 0.98926 necesidad necesidad NCFS000 1 de de SP 0.9

SDfilesmergedinorder-TEI_pos-fl.txt

9 mientras_que mientras_que CS 1 la el DA0FS0 0.98926 retracción retracción

NCFS000 1 afecta afectar VMIP3S0 0.98773 a a SP 0.998775 la el DA0FS0 0.98926

cortical cortical AQ0CS00 1 palatina palatino SDfilesmergedinorder-TEI_pos-fl.txt

10 OFS00 1 no no RN 0.999297 reversible reversible AQ0CS00 1 que que

PROCN00 0.550139 afecta afectar VMIP3S0 0.98773 a a SP 0.998775 los el

DA0MP0 0.992728 tejidos tejido NCMP000 0.738095 de de SP 0.999961

SDfilesmergedinorder-TEI_pos-fl.txt

11 y CC 0.999989 Heikkeninem heikkeninem NP00000 1 et e_t NCFS000 1 al38

al38 Z 1 afirman afirmar VMIP3P0 1 que que CS 0.449861 la el DA0FS0 0.98926

exposición exposición NCFS000 1 a a SP 1 SDfilesmergedinorder-TEI_pos-fl.txt

12 DP3CSN 1 vez vez NCFS000 1 la el DA0FS0 0.98926 PEB peb NP00000 1

agudiza agudizar VMIP3S0 0.985444 la el DA0FS0 0.98926 caries caries

NCFN000 0.698105 y y CC 0.999989 aumenta aumentar VM

SDfilesmergedinorder-TEI_pos-fl.txt

13 949201 resultado resultado NCMS000 0.924877 no no RN 0.999297 se se
P00CN00 0.494509 ajusta ajustar VMIP3S0 0.989241 a a SP 1 el el DA0MS0 1
modelo modelo NCCS000 0.99763 trifactorial trifactorial AQ0

SDfilesmergedinorder-TEI_pos-fl.txt

14 nte presente AQ0CS00 0.524254 estudio estudio NCMS000 0.97043 se se
P00CN00 0.494509 ajusta ajustar VMIP3S0 0.989241 a a SP 0.998775 la el DA0FS0
0.98926 consideración consideración NCFS000 1 de de SP 0.9

SDfilesmergedinorder-TEI_pos-fl.txt

15 d profundidad NCFS000 1 histológica histológico AQ0FS00 1 que que
PR0CN00 0.550139 alcanza alcanzar VMIP3S0 0.994186 cada cada DI0CS0 1
uno uno PI0MS00 0.981709 de de SP 0.999961 ellos ellos

SDfilesmergedinorder-TEI_pos-fl.txt

16 S000 0.874645 de de SP 1 el el DA0MS0 1 esmalte esmalte NCMS000
0.701248 , , Fc 1 alcanzan alcanzar VMIP3P0 1 dentina dentina NCFS000 1 . . Fp 1
</p> <p> Por por NP00000 1 lo el DA00S0 0.665165 SDfilesmergedinorder-

TEI_pos-fl.txt

17 DA0FS0 0.98926 encía encía NCFS000 1 , , Fc 1 y y CC 0.999989 también
también RG 1 altera alterar VMIP3S0 0.989235 la el DA0FS0 0.98926 capacidad
capacidad NCFS000 1 de de SP 0.999961 resolución resoluc

SDfilesmergedinorder-TEI_pos-fl.txt

18 89 quimiotactinas quimiotactinas NCFP000 0.625297 , , Fc 1 que que
PR0CN00 0.550139 amplian amplian VMIP3P0 1 la el DA0FS0 0.98926
respuesta respuesta NCFS000 1 inflamatoria inflamatorio AQ0FS00 1 , , Fc

SDfilesmergedinorder-TEI_pos-fl.txt

19 S 0.449861 el el DA0MS0 1 examinador examinador NCMS000 1 que que
PR0CN00 0.550139 analiza analizar VMIP3S0 0.986111 la el DA0FS0 0.98926
presencia presencia NCFS000 0.99679 o o CC 0.999864 no no RN 0.999

SDfilesmergedinorder-TEI_pos-fl.txt

20 MS0 1 primer 1 AO0MS00 1 trabajo trabajo NCMS000 0.975768 que que
PROCNO0 0.550139 analiza analizar VMIP3S0 0.986111 y y CC 0.999989
combina combinar VMIP3S0 0.989241 datos dato NCMP000 1 publicados publi
SDfilesmergedinorder-TEI_pos-fl.txt

21 lometría NCFS000 1 . . Fp 1 Para para SP 0.999834 ello ello PD00S00 1 , , Fc
1 analizamos analizar VMIP1P0 0.65 los el DA0MP0 0.992728 resultados
resultado NCMP000 0.998596 obtenidos obtener VMP00PM 1 a_
SDfilesmergedinorder-TEI_pos-fl.txt

22 FS000 1 más más RG 0.99993 elevado elevar VMP00SM 1 . . Fp 1 Si si CS
0.999827 analizamos analizar VMIP1P0 0.65 los el DA0MP0 0.992728
porcentajes porcentaje NCMP000 1 de de SP 0.999961 empeoramiento emp
SDfilesmergedinorder-TEI_pos-fl.txt

23 muy RG 1 reducido reducir VMP00SM 1 de de SP 0.999961 estudios estudio
NCMP000 1 analizan analizar VMIP3P0 1 el el DA0MS0 1 efecto efecto
NCMS000 1 de de SP 0.999961 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

24 15 Z 1)) Fpt 1 . . Fp 1 </p> <p> Cuando cuando NP00000 1 se se P00CN00
0.494509 analizan analizar VMIP3P0 1 variables variable NCFP000 0.365965
socioeconómicas socioeconómico AQ0FP00 1 , , Fc 1 se se P0
SDfilesmergedinorder-TEI_pos-fl.txt

25 00000 1 et e_t NCFS000 1 a a SP 1 el el DA0MS0 1 31,32 31.32 Z 1 analizan
analizar VMIP3P0 1 la el DA0FS0 0.98926 exposición exposición NCFS000 1 en
en SP 1 función función NCFS000 1 SDfilesmergedinorder-TEI_pos-fl.txt

26 0.70665 los el DA0MP0 0.992728 estudios estudio NCMP000 1 se se
P00CN00 0.494509 analizan analizar VMIP3P0 1 con con SP 1 una uno DI0FS0
0.951973 duración duración NCFS000 1 máxima máximo AQ0
SDfilesmergedinorder-TEI_pos-fl.txt

27 primeros 1 AO0MP00 1 molares molar NCMP000 0.339769 . . Fp 1 Se se
P00CN00 0.494509 aplica aplicar VMIP3S0 0.983871 una uno DI0FS0 0.951973
fuerza fuerza NCFS000 0.99684 de de SP 0.999961 400_g WG_g:400
SDfilesmergedinorder-TEI_pos-fl.txt

28] Fct 1 . . Fp 1 </p> <p> Nuestro nuestro NP00000 1 estudio estudio NCMS000
0.97043 aporta aportar VMIP3S0 0.986111 una uno DI0FS0 0.951973
información información NCFS000 1 detallada detallar VMP00SF 1
SDfilesmergedinorder-TEI_pos-fl.txt

29 original AQ0CS00 0.990196 , , Fc 1 lo el DA00S0 0.665165 cual cual
PROCS00 0.930743 aporta aportar VMIP3S0 0.986111 fiabilidad fiabilidad NCFS000
1 y y CC 0.999989 validez validez NCFS000 1 a a SP 0.9987
SDfilesmergedinorder-TEI_pos-fl.txt

30 000 1 varios varios DI0MP0 0.9139 estudios estudio NCMP000 1 que que
PROCN00 0.550139 apoyan apoyar VMIP3P0 1 el el DA0MS0 1 uso uso NCMS000
0.998047 de de SP 0.999961 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

31 1 investigador investigador NCMS000 0.708333 principal principal AQ0CS00
0.984551 asegura asegurar VMIP3S0 0.902844 el el DA0MS0 1 correcto correcto
AQ0MS00 1 diagnóstico diagnóstico NCMS000 0.97619 tant
SDfilesmergedinorder-TEI_pos-fl.txt

32 P 0.999961 la el DA0FS0 0.98926 lactancia lactancia NCFS000 1 se se
P00CN00 0.494509 asocia asociar VMIP3S0 0.98924 con con SP 1 una uno DI0FS0
0.951973 menor menor AQ0CS00 0.977178 prevalencia prevalenci
SDfilesmergedinorder-TEI_pos-fl.txt

33 98926 lactancia lactancia NCFS000 1 materna materno AQ0FS00 1 se se
P00CN00 0.494509 asocia asociar VMIP3S0 0.98924 con con SP 1 menor menor
AQ0CS00 0.977178 distooclusión distooclusión NCFS000 1 , , Fc 1
SDfilesmergedinorder-TEI_pos-fl.txt

34 tabaco NCMS000 1 en en SP 1 niños niño NCMP000 0.998721 se se P00CN00
0.494509 asocia asociar VMIP3S0 0.98924 significativamente significativamente
RG 1 a a SP 0.998775 bajo bajo SP 0.909179 nivel n SDfilesmergedinorder-
TEI_pos-fl.txt

35 0 1 tratamiento tratamiento NCMS000 1 con con SP 1 Twin_Block twin_block
NP00000 1 aumenta aumentar VMIP3S0 0.98913 el el DA0MS0 1 volumen

volumen NCMS000 1 condilar condilar AQ0CS00 1 , , Fc 1 la

SDfilesmergedinorder-TEI_pos-fl.txt

36 0 0.982827 evidentemente evidentemente RG 1 el el DA0MS0 1 stress stress

NCMS000 1 aumenta aumentar VMIP3S0 0.98913 La la NP00000 1 tasa tasa

NCFS000 0.99361 de de SP 0.999961 respuesta respuesta NCFS000

SDfilesmergedinorder-TEI_pos-fl.txt

37 00 1 meses mes NCMP000 0.999436 la el DA0FS0 0.98926 velocidad

velocidad NCFS000 1 aumenta aumentar VMIP3S0 0.98913 , , Fc 1 y y CC 0.999989

conforme conforme RG 0.0988037 pasa pasar VMIP3S0 0.991758 el e

SDfilesmergedinorder-TEI_pos-fl.txt

38 el DA0MS0 1 espesor espesor NCMS000 1 de de SP 0.999961 hueso hueso

NCMS000 1 aumenta aumentar VMIP3S0 0.98913 a_medida_que a_medida_que

CS 1 aumenta aumentar VMIP3S0 0.98913 el el SDfilesmergedinorder-TEI_pos-

fl.txt

39 NCMS000 1 aumenta aumentar VMIP3S0 0.98913 a_medida_que

a_medida_que CS 1 aumenta aumentar VMIP3S0 0.98913 el el DA0MS0 1 ángulo

ángulo NCMS000 1 descrito describir VMP00SM 1 ((Fpa 1 8 8 Z 1)

SDfilesmergedinorder-TEI_pos-fl.txt

40 _que CS 1 la el DA0FS0 0.98926 categoría categoría NCFS000 1 DAI dai

NP00000 1 aumenta aumentar VMIP3S0 0.98913 . . Fp 1 De de SP 1 el el

DA0MS0 1 mismo mismo AQ0MS00 0.802208 modo SDfilesmergedinorder-

TEI_pos-fl.txt

41 00 0.940835 contrario contrario AQ0MS00 0.718254 , , Fc 1 que que PROCN00

0.550139 aumenta aumentar VMIP3S0 0.98913 cuando cuando CS 0.86298 la el

DA0FS0 0.98926 maloclusión maloclusión NCFS000 1 empeora

SDfilesmergedinorder-TEI_pos-fl.txt

42 s ambos DI0MP0 0.526261 sistemas sistema NCMP000 1 , , Fc 1 se se

P00CN00 0.494509 aumenta aumentar VMIP3S0 0.98913 la el DA0FS0 0.98926

sensibilidad sensibilidad NCFS000 1 , , Fc 1 siendo ser VSG0000 1 m

SDfilesmergedinorder-TEI_pos-fl.txt

43 ue que PROCN00 0.550139 aumentan aumentar VMIP3P0 1 conforme conforme CS 0.0981559 aumenta aumentar VMIP3S0 0.98913 el el DA0MS0 1 grado grado NCMS000 0.994792 de de SP 0.999961 severidad severidad NCF500 SDfilesmergedinorder-TEI_pos-fl.txt

44 NP00000 1 riesgo riesgo NCMS000 1 de de SP 0.999961 caries caries NCFN000 0.698105 aumenta aumentar VMIP3S0 0.98913 conforme conforme CS 0.0981559 aumenta aumentar VMIP3S0 0.98913 la el DA0FS0 0.98926 sev SDfilesmergedinorder-TEI_pos-fl.txt

45 s NCFN000 0.698105 aumenta aumentar VMIP3S0 0.98913 conforme conforme CS 0.0981559 aumenta aumentar VMIP3S0 0.98913 la el DA0FS0 0.98926 severidad severidad NCF5000 1 de de SP 0.999961 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

46 IP3S0 0.985444 la el DA0FS0 0.98926 caries caries NCFN000 0.698105 y y CC 0.999989 aumenta aumentar VMIP3S0 0.98913 su su DP3CSN 1 severidad severidad NCF5000 1 . . Fp 1 Kosma kosma NP00000 1 et e_ SDfilesmergedinorder-TEI_pos-fl.txt

47 VMP00SM 1 que que CS 0.449861 la el DA0FS0 0.98926 autoestima autoestima NCF5000 1 aumenta aumentar VMIP3S0 0.98913 con con SP 1 los el DA0MP0 0.992728 años año NCMP000 1 en en SP 1 SDfilesmergedinorder-TEI_pos-fl.txt

48 as el DA0FP0 0.988184 micro-osteoperforaciones micro-osteoperforaciones NCFP000 1 aumentan aumentar VMIP3P0 1 la el DA0FS0 0.98926 expresión expresión NCF5000 1 de de SP 0.999961 citoquinas citoquina NCFP SDfilesmergedinorder-TEI_pos-fl.txt

49 61 los el DA0MP0 0.992728 ICAOS icaos NP00000 1 , , Fc 1 que que PROCN00 0.550139 aumentan aumentar VMIP3P0 1 conforme conforme CS 0.0981559 aumenta aumentar VMIP3S0 0.98913 el el DA0MS0 1 grado grado SDfilesmergedinorder-TEI_pos-fl.txt

50 000 0.47288)) Fpt 1 , , Fc 1 generalmente generalmente RG 1 se se P00CN00 0.494509 avanza avanzar VMIP3S0 0.980769 primero primero RG 0.313084 el el

DA0MS0 1 maxilar maxilar NCMS000 0.33876 a a SP 1 SDfilesmergedinorder-
TEI_pos-fl.txt

51 a a SP 0.998775 continuación continuación NCFS000 1 , , Fc 1 se se P00CN00
0.494509 avanza avanzar VMIP3S0 0.980769 la el DA0FS0 0.98926 mandíbula
mandíbula NCFS000 1 en en SP 1 oclusión oclusión NCFS000
SDfilesmergedinorder-TEI_pos-fl.txt

52 presencia NCFS000 0.99679 de de SP 0.999961 HSPM hspm NP00000 1 se se
P00CN00 0.494509 basa basar VMIP3S0 0.421881 en en SP 1 que que CS
0.449861 aquellos aquel DD0MP0 0.593168 niños niño NCMP000 0.9987
SDfilesmergedinorder-TEI_pos-fl.txt

53 0.999961 lactancia lactancia NCFS000 1 materna materno AQ0FS00 1 se se
P00CN00 0.494509 basa basar VMIP3S0 0.421881 en en SP 1 el el DA0MS0 1
avance avance NCMS000 0.850649 de de SP 0.999961 SDfilesmergedinorder-
TEI_pos-fl.txt

54 S000 0.783688 provisional provisional AQ0CS00 1 no no RN 0.999297 se se
P00CN00 0.494509 basa basar VMIP3S0 0.421881 únicamente únicamente RG 1
en en SP 1 sus su DP3CPN 0.999903 propiedades propiedad NCFP
SDfilesmergedinorder-TEI_pos-fl.txt

55 AQ0CS00 0.661292 sobre sobre SP 0.997804 CBCT cbct NP00000 1 nos nos
PP1CP00 0.810258 basamos basar VMIP1P0 0.65 en en SP 1 algunos alguno DI0MP0
0.60333 trabajos trabajo NCMP000 1 publicados publicar VMP
SDfilesmergedinorder-TEI_pos-fl.txt

56 este DD0MP0 0.972009 dos 2 Z 0.999868 estudios estudio NCMP000 1 se se
P00CN00 0.494509 basan basar VMIP3P0 1 en en SP 1 los el DA0MP0 0.992728
trabajos trabajo NCMP000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-
fl.txt

57 SP 0.999961 los el DA0MP0 0.992728 estudios estudio NCMP000 1 se se
P00CN00 0.494509 basan basar VMIP3P0 1 en en SP 1 cuestionarios cuestionario
NCMP000 1 administrados administrar VMP00PM 1 a a SP 0.9
SDfilesmergedinorder-TEI_pos-fl.txt

58 de SP 0.999961 que que CS 0.449861 las el DA0FP0 0.988184 mujeres mujer NCFP000 1 buscan buscar VMIP3P0 1 apoyo apoyo NCMS000 0.998982 y y CC 0.999989 ayuda ayuda NCFS000 0.963516 en en SP 1 las SDfilesmergedinorder-TEI_pos-fl.txt

59 1 MPa mpa NP00000 1 . . Fp 1 Ésta este PD0FS00 1 se se P00CN00 0.494509 calcula calcular VMIP3S0 0.990196 mediante mediante SP 0.99763 el el DA0MS0 1 test test NCMS000 1 microtensil microtensil SDfilesmergedinorder-TEI_pos-fl.txt

60 0 1 empeora empeorar VMIP3S0 0.989223 . . Fp 1 </p> <p> Cuando cuando NP00000 1 calculamos calcular VMIP1P0 0.65 la el DA0FS0 0.98926 media media NCFS000 0.125887 de de SP 0.999961 las el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

61 perimental AQ0CP00 0.995333 , , Fc 1 ausencia ausencia NCFS000 1 de de SP 0.999961 calculo calcular VMIP1S0 1 de de SP 1 el el DA0MS0 1 tamaño tamaño NCMS000 0.993827 muestral muestral AQ0 SDfilesmergedinorder-TEI_pos-fl.txt

62 1 la el DA0FS0 0.98926 que que PROCN00 0.550139 se se P00CN00 0.494509 califica calificar VMIP3S0 0.66129 a a SP 0.998775 los el DA0MP0 0.992728 estudios estudio NCMP000 1 según según SP 0.76867 SDfilesmergedinorder-TEI_pos-fl.txt

63 RG 0.998488 en en SP 1 pacientes paciente NCCP000 0.992958 que que PROCN00 0.550139 carecen carecer VMIP3P0 1 de de SP 0.999961 antecedentes antecedente NCMP000 0.983871 de de SP 0.999961 patología patolo SDfilesmergedinorder-TEI_pos-fl.txt

64 0.999961 polimerización polimerización NCFS000 1 , , Fc 1 que que PROCN00 0.550139 carecen carecer VMIP3P0 1 de de SP 0.999961 entrecruzamiento entrecruzamiento NCMS000 1 multifuncional multifuncional AQ SDfilesmergedinorder-TEI_pos-fl.txt

65 0 1 de de SP 0.999961 caries caries NCFN000 0.698105 . . Fp 1 MIH mih NP00000 0.47288 causa causar VMIP3S0 0.0930931 mucha mucho DIOFS0

0.99763 inquietud inquietud NCFS000 1 a a SP 1 el el DA0

SDfilesmergedinorder-TEI_pos-fl.txt

66 el DA0MS0 1 32 32 Z 1 que que PROCN00 0.550139 se se P00CN00 0.494509
centra centrar VMIP3S0 0.97619 en en SP 1 la el DA0FS0 0.98926 dentición dentición
NCFS000 1 permanente permanente AQ0 SDfilesmergedinorder-TEI_pos-fl.txt

67 0CN00 0.550139 el el DA0MS0 1 espacio espacio NCMS000 0.998084 se se
P00CN00 0.494509 cierra cerrar VMIP3S0 0.97619 en en SP 1 3 3 Z 1 meses mes
NCMP000 0.999436 . . Fp 1 Por_lo_tanto por_lo_ SDfilesmergedinorder-TEI_pos-
fl.txt

68 CS00 1 los el DA0MP0 0.992728 porcentajes porcentaje NCMP000 1 se se
P00CN00 0.494509 cifran cifrar VMIP3P0 1 en en SP 1 4.2_% 4.2/100 Zp 1 , , Fc 1
3.9_% 3.9/100 Zp 1 , , Fc 1 5_% 5/100 Zp 1 y y CC 0.999 SDfilesmergedinorder-
TEI_pos-fl.txt

69 DA0MS0 1 código código NCMS000 1 WHO who NP00000 1 que que
PROCN00 0.550139 codifica codificar VMIP3S0 0.973451 únicamente
únicamente RG 1 lesiones lesión NCFP000 0.994792 de de SP 0.999961 caries ca
SDfilesmergedinorder-TEI_pos-fl.txt

70 .98926 MIH mih NP00000 1 , , Fc 1 lo el DA00S0 0.665165 que que PROCN00
0.550139 coincide coincidir VMIP3S0 0.987805 con con SP 1 los el DA0MP0
0.992728 otros otro DI0MP0 0.745978 autores autor SDfilesmergedinorder-
TEI_pos-fl.txt

71 0_% 40/100 Zp 1 , , Fc 1 esta este DD0FS0 0.978817 tendencia tendencia
NCFS000 1 coincide coincidir VMIP3S0 0.987805 con con SP 1 otros otro
DI0MP0 0.745978 autores autor NCMP000 1 ((Fpa 1 Jasulaityte j
SDfilesmergedinorder-TEI_pos-fl.txt

72 2015 2015 Z 1)) Fpt 1 , , Fc 1 lo el DA00S0 0.665165 que que PROCN00
0.550139 coincide coincidir VMIP3S0 0.987805 con con SP 1 nuestro nuestro
DP1MSP 0.957064 estudio estudio NCMS000 0.97043 siendo ser
SDfilesmergedinorder-TEI_pos-fl.txt

73 _% 92/100 Zp 1)) Fpt 1 , , Fc 1 lo el DA00S0 0.665165 que que PROCN00
0.550139 coincide coincidir VMIP3S0 0.987805 con con SP 1 otros otro DI0MP0
0.745978 autores autor NCMP000 1 ((Fpa 1 Elfrink elfri SDfilesmergedinorder-
TEI_pos-fl.txt

74 otros otro DI0MP0 0.745978 grupos grupo NCMP000 1 . . Fp 1 Esto este
PD00S00 1 coincide coincidir VMIP3S0 0.987805 con con SP 1 los el DA0MP0
0.992728 resultados resultado NCMP000 0.998596 de de SP 0.99
SDfilesmergedinorder-TEI_pos-fl.txt

75 5,24,33-37 Z 1]] Fct 1 , , Fc 1 lo el DA00S0 0.665165 que que PROCN00
0.550139 coincide coincidir VMIP3S0 0.987805 con con SP 1 nuestro nuestro
DP1MSP 0.957064 estudio estudio NCMS000 0.97043 siendo ser
SDfilesmergedinorder-TEI_pos-fl.txt

76 93 caries cariar VMSP2S0 0.301895 lo el DA00S0 0.665165 que que PROCN00
0.550139 coincide coincidir VMIP3S0 0.987805 con con SP 1 Pitiphat pitiphat
NP00000 1 et e_t NCFS000 1 a a SP 1 SDfilesmergedinorder-TEI_pos-fl.txt

77 NCFS000 1 de de SP 0.999961 unión unión NCFS000 1 . . Fp 1 Esto este
PD00S00 1 coincide coincidir VMIP3S0 0.987805 con con SP 1 varios varios
DI0MP0 0.9139 autores14,15,16,17,18,19,20 autores14,15,16,17
SDfilesmergedinorder-TEI_pos-fl.txt

78 _ii NP00000 1 . . Fp 1 Estos este DD0MP0 0.972009 hallazgos hallazgo
NCMP000 1 coinciden coincidir VMIP3P0 1 con con SP 1 los el DA0MP0
0.992728 de de SP 0.999961 Chintakanon chintakanon NP00000 1
SDfilesmergedinorder-TEI_pos-fl.txt

79 . Fp 1 Nuestros nuestro DP1MPP 0.920918 resultados resultado NCMP000
0.998596 coinciden coincidir VMIP3P0 1 con con SP 1 numerosos numero
AQ0MP00 1 autores autor NCMP000 1 que que PR0 SDfilesmergedinorder-
TEI_pos-fl.txt

80 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2014 2014 Z 1)) Fpt 1
coinciden coincidir VMIP3P0 1 con con SP 1 los el DA0MP0 0.992728 de de SP
0.999961 los el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

81 pt 1 . . Fp 1 Estos este DD0MP0 0.972009 resultados resultado NCMP000
0.998596 coinciden coincidir VMIP3P0 1 con con SP 1 los el DA0MP0
0.992728 obtenidos obtener VMP00PM 1 en en SDfilesmergedinorder-TEI_pos-
fl.txt

82 Z 1 . . Fp 1 Estos este DD0MP0 0.972009 resultados resultado NCMP000
0.998596 coinciden coincidir VMIP3P0 1 con con SP 1 la el DA0FS0 0.98926
mayoría mayoría NCFS000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-
fl.txt

83 lación población NCFS000 1 española español AQ0FS00 0.9614 también
también RG 1 coinciden coincidir VMIP3P0 1 con con SP 1 los el DA0MP0
0.992728 datos dato NCMP000 1 obtenidos obtener VMP00
SDfilesmergedinorder-TEI_pos-fl.txt

84 el DA0MS0 1 presente presente AQ0CS00 0.524254 estudio estudio
NCMS000 0.97043 coinciden coincidir VMIP3P0 1 con con SP 1 los el DA0MP0
0.992728 datos dato NCMP000 1 hallados hallar VMP00 SDfilesmergedinorder-
TEI_pos-fl.txt

85 . Fp 1 Nuestros nuestro DP1MPP 0.920918 resultados resultado NCMP000
0.998596 coinciden coincidir VMIP3P0 1 con con SP 1 los el DA0MP0
0.992728 obtenidos obtener VMP00PM 1 por por SDfilesmergedinorder-TEI_pos-
fl.txt

86 1294 . . Fp 1 Estos este DD0MP0 0.972009 resultados resultado NCMP000
0.998596 coinciden coincidir VMIP3P0 1 con con SP 1 la el DA0FS0 0.98926
controversia controversia NCFS000 1 generada generar VMP00
SDfilesmergedinorder-TEI_pos-fl.txt

87 Fp 1 </p> <p> Nuestros nuestros NP00000 1 resultados resultado NCMP000
0.998596 coinciden coincidir VMIP3P0 1 con con SP 1 varios varios DI0MP0
0.9139 estudios estudio NCMP000 1 que que PR0 SDfilesmergedinorder-TEI_pos-
fl.txt

88 .975768 que que PROCN00 0.550139 analiza analizar VMIP3S0 0.986111 y y
CC 0.999989 combina combinar VMIP3S0 0.989241 datos dato NCMP000 1

publicados publicar VMP00PM 1 en en SP 1 estudios estudio NCMP000

SDfilesmergedinorder-TEI_pos-fl.txt

89 ,4_% 12.4/100 Zp 1 y y CC 0.999989 un uno DI0MS0 0.99698 21,8_%
21.8/100 Zp 1 ((Fpa 1 Comes comer VMIP2S0 1 Martínez martínez NP00000 1
et e_t NCFS000 1 a a SP 1 el el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

90 categoría NCFS000 1 DAI dai NP00000 1 y y CC 0.999989 las el DA0FP0
0.988184 comparamos comparar VMIP1P0 0.65 entre entre SP 0.980341 los el
DA0MP0 0.992728 tres 3 Z 1 grupos grupo NCMP000 1 , , Fc 1

SDfilesmergedinorder-TEI_pos-fl.txt

91 Fpa 1 68,6_% 68.6/100 Zp 1)) Fpt 1 . . Fp 1 </p> <p> Cuando cuando
NP00000 1 comparamos comparar VMIP1P0 0.65 la el DA0FS0 0.98926 estabilidad
estabilidad NCFS000 1 de de SP 0.999961 las el DA0 SDfilesmergedinorder-
TEI_pos-fl.txt

92 p 1 Sin sin SP 1 embargo embargo NCMS000 0.995283 cuando cuando
PR00000 0.13702 comparamos comparar VMIP1P0 0.65 con con SP 1 otros otro
DI0MP0 0.745978 tratamientos tratamiento NCMP000 1 tradicionales tr

SDfilesmergedinorder-TEI_pos-fl.txt

93 1 . . Fp 1 Sólo sólo RG 1 un uno DI0MS0 0.99698 estudio estudio NCMS000
0.97043 comparan comparar VMIP3P0 1 la el DA0FS0 0.98926 aparatología
aparatólogía NCFS000 1 fija fijo AQ0FS00 0.684211 con con

SDfilesmergedinorder-TEI_pos-fl.txt

94 el el DA0MS0 1 . . Fp 1 , , Fc 1 2002 2002 Z 1)) Fpt 1 quienes quien
PR0CP00 1 comparan comparar VMIP3P0 1 Activator activator NP00000 1 con
con SP 1 Herbst herbst NP00000 1 , , Fc 1 quienes quien PR0

SDfilesmergedinorder-TEI_pos-fl.txt

95 0.988184 mismas mismo AQ0FP00 0.995495 medidas medida NCFP000
0.999067 . . Fp 1 Comparten compartir VMIP3P0 1 con con SP 1 la el DA0FS0
0.98926 mayoría mayoría NCFS000 1 de de SP 0.999961 SDfilesmergedinorder-
TEI_pos-fl.txt

96 nuestros NP00000 1 resultados resultado NCMP000 0.998596 se se P00CN00
0.494509 comparten compartir VMIP3P0 1 con con SP 1 algunos alguno DI0MP0
0.60333 estudios,8,12,13,14,15 estudios,8,12,13,14,15 Z 1 1

SDfilesmergedinorder-TEI_pos-fl.txt

97 0.998712 principalmente principalmente RG 1 a a SP 0.998775 que que CS
0.449861 comparten compartir VMIP3P0 1 factores factor NCMP000 1
socioeconómicos socioeconómico AQ0MP00 1 , , Fc 1 educacionales educ

SDfilesmergedinorder-TEI_pos-fl.txt

98 suística NCFS000 0.39396 desarrollada desarrollar VMP00SF 1 se se P00CN00
0.494509 compone componer VMIP3S0 1 de de SP 0.999961 hallazgos hallazgo
NCMP000 1 puntuales puntual AQ0CP00 1 evidenciados eviden

SDfilesmergedinorder-TEI_pos-fl.txt

99 ro nuestro DP1MSP 0.957064 estudio estudio NCMS000 0.97043 la lo
PP3FSA0 0.010734 componen componer VMIP3P0 1 pacientes paciente NCCP000
0.992958 comprendidos comprender VMP00PM 1 entre entre SP 0.980341

SDfilesmergedinorder-TEI_pos-fl.txt

100 isivo NCMS000 0.338706 inferior inferior AQ0CS00 0.992958 se se P00CN00
0.494509 comporta comportar VMIP3S0 0.962264 como como CS 0.967153
variable variable NCFS000 0.338706 predictora predictor AQ0FS00 1

SDfilesmergedinorder-TEI_pos-fl.txt

101 ariable variable NCFS000 0.338706 B-EJEI b-ejei NP00000 1 se se P00CN00
0.494509 comporta comportar VMIP3S0 0.962264 como como CS 0.967153
variable variable NCFS000 0.338706 predictora predictor AQ0FS00 1

SDfilesmergedinorder-TEI_pos-fl.txt

102 NCMS000 1 facial facial AQ0CS00 1 no no RN 0.999297 se se P00CN00
0.494509 comporta comportar VMIP3S0 0.962264 como como CS 0.967153
variable variable NCFS000 0.338706 predictora predictor AQ0FS00 1

SDfilesmergedinorder-TEI_pos-fl.txt

103 71939 e y CC 0.987994 inferior inferior AQ0CS00 0.992958 se se P00CN00
0.494509 comportan comportar VMIP3P0 1 como como CS 0.967153 variables

variable NCFP000 0.365965 predictor predictor AQ0FP00 1 de d

SDfilesmergedinorder-TEI_pos-fl.txt

104 1 . . Fp 1 Esta este DD0FS0 0.978817 escala escala NCFS000 0.989071 , , Fc
1 comprende comprender VMIP3S0 0.738095 una uno DI0FS0 0.951973 serie serie
NCFS000 0.993392 de de SP 0.999961 preguntas pregun SDfilesmergedinorder-
TEI_pos-fl.txt

105 ente RG 1 la el DA0FS0 0.98926 consciencia consciencia NCFS000 1 y y CC
0.999989 comunica comunicar VMIP3S0 0.986111 la el DA0FS0 0.98926
sensación sensación NCFS000 1 dolorosa doloroso AQ0FS00 0.661152 y

SDfilesmergedinorder-TEI_pos-fl.txt

106 S0 1 . . Fp 1 , , Fc 1 ((Fpa 1 2016 2016 Z 1)) Fpt 1 que que PROCN00
0.550139 concluye concluir VMIP3S0 0.865854 una uno DI0FS0 0.951973 mejora
mejora NCFS000 0.940887 significativa significativo AQ0F

SDfilesmergedinorder-TEI_pos-fl.txt

107 CC 0.999989 en en SP 1 ellos ellos PP3MP00 1 se se P00CN00 0.494509
concluye concluir VMIP3S0 0.865854 que que CS 0.449861 en en SP 1 general
general AQ0CS00 0.826212 las el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

108 o plazo NCMS000 1 10,20,25,26 10,20,25,26 Z 1 . . Fp 1 Breschi breschi
NP00000 1 concluye concluir VMIP3S0 0.865854 que que CS 0.449861 las el
DA0FP0 0.988184 MMPs mmps NP00000 1 son ser VSIP3

SDfilesmergedinorder-TEI_pos-fl.txt

109 NP00000 1 con con SP 1 Herbst herbst NP00000 1 , , Fc 1 quienes quien
PROCP00 1 concluyen concluir VMIP3P0 1 que que CS 0.449861 el el DA0MS0 1
Herbst herbst NP00000 1 corrige corregir VMIP3 SDfilesmergedinorder-TEI_pos-
fl.txt

110 1 meses mes NCMP000 0.999436 . . Fp 1 Por_lo_tanto por_lo_tanto RG 1 , ,
Fc 1 concluyen concluir VMIP3P0 1 que que CS 0.449861 hay haber VMIP3S0 1
otros otro DI0MP0 0.745978 factores factor SDfilesmergedinorder-TEI_pos-
fl.txt

111 la NP00000 1 mayoría mayoría NCFS000 1 de de SP 0.999961 autores autor
NCMP000 1 concluyen concluir VMIP3P0 1 que que CS 0.449861 existe existir
VMIP3S0 0.997925 una uno DI0FS0 0.951973 relación relación

SDfilesmergedinorder-TEI_pos-fl.txt

112 de de SP 0.999961 cohortes cohorte NCFP000 1 retrospectivo34
retrospectivo34 Z 1 concluyen concluir VMIP3P0 1 la el DA0FS0 0.98926
existencia existencia NCFS000 1 de de SP 0.999961 dicha decir VMP00

SDfilesmergedinorder-TEI_pos-fl.txt

113 eño AQ0FS00 0.997312 , , Fc 1 lo el DA00S0 0.665165 que que PROCN00
0.550139 condiciona condicionar VMIP3S0 0.989241 que que CS 0.449861 la el
DA0FS0 0.98926 intensidad intensidad NCFS000 1 de de SP 0.999

SDfilesmergedinorder-TEI_pos-fl.txt

114 A0MP0 0.992728 dimetacrilatos dimetacrilatos NCMP000 1 , , Fc 1 les le
PP3CPD0 1 confieren conferir VMIP3P0 1 mejor mejor AQ0CS00 0.787388
comportamiento comportamiento NCMS000 1 mecánico mecánico AQ0MS00

SDfilesmergedinorder-TEI_pos-fl.txt

115 000 1 ((Fpa 1 >> Fz 1 90_% 90/100 Zp 1)) Fpt 1 , , Fc 1 esto este PD00S00
1 confirma confirmar VMIP3S0 0.986111 las el DA0FP0 0.988184 diferencias
diferencia NCFP000 0.996454 entre entre SP 0.980341 SDfilesmergedinorder-

TEI_pos-fl.txt

116 mponente componente NCCS000 0.865854 O o NP00000 1 observado observar
VMP00SM 1 confirman confirmar VMIP3P0 1 la el DA0FS0 0.98926 mayor mayor
AQ0CS00 0.9995 necesidad necesidad NCFS000 1 de de SDfilesmergedinorder-

TEI_pos-fl.txt

117 0MS00 1 . . Fp 1 Delpisheh delpisheh NP00000 1 et e_t NCFS000 1 al43 al43
Z 1 confirman confirmar VMIP3P0 1 que que CS 0.449861 la el DA0FS0 0.98926
exposición exposición NCFS000 1 pasiva pasivo AQ0 SDfilesmergedinorder-

TEI_pos-fl.txt

118 0.98926 radiación radiación NCFS000 1 que que PROCN00 0.550139 eso ese
PD00S00 1 conlleva conllevar VMIP3S0 0.97619 y y CC 0.999989 segundo 2

AO0MS00 0.901147 , , Fc 1 por por SP 1 la el DA0 SDfilesmergedinorder-
TEI_pos-fl.txt

119 1 microbiana microbiano AQ0FS00 1 lo el DA00S0 0.665165 que que
PROCNO0 0.550139 conlleva conllevar VMIP3S0 0.97619 la el DA0FS0 0.98926
liberación liberación NCFS000 1 de de SP 0.999961 neutrófilos neutr
SDfilesmergedinorder-TEI_pos-fl.txt

120 1 lo el DA00S0 0.665165 que que PROCNO0 0.550139 se se P00CN00
0.494509 conoce conocer VMIP3S0 0.993421 como como CS 0.967153
comportamiento comportamiento NCMS000 1 dúctil dúctil AQ0CS00 1 .
SDfilesmergedinorder-TEI_pos-fl.txt

121 SP 1 español español AQ0MS00 0.767229 y y CC 0.999989 que que PROCNO0
0.550139 conserva conservar VMIP3S0 0.962264 la el DA0FS0 0.98926
estructura estructura NCFS000 0.954373 factorial factorial AQ0CS00
SDfilesmergedinorder-TEI_pos-fl.txt

122 OFP00 1 o o CC 0.999864 coronas corona NCFP000 0.986111 se se P00CN00
0.494509 considera considerar VMIP3S0 0.998721 pequeño pequeño AQ0MS00
0.958984 puesto puesto NCMS000 0.599751 que que CS 0.449861 el
SDfilesmergedinorder-TEI_pos-fl.txt

123 0000 1 , , Fc 1 por por SP 1 ello ello PD00S00 1 se se P00CN00 0.494509
considera considerar VMIP3S0 0.998721 más más RG 0.99993 adecuado adecuar
VMP00SM 1 presentar presentar VMN0000 1 las el DA0 SDfilesmergedinorder-
TEI_pos-fl.txt

124 A0FS0 0.98926 Norma_ISO norma_iso NP00000 1 10477:2004 10477:2004 Z
1 , , Fc 1 considera considerar VMIP3S0 0.998721 criterios criterio NCMP000 1
inherentes inherente AQ0CP00 1 a a SP 1 el el DA0 SDfilesmergedinorder-
TEI_pos-fl.txt

125 1 media medio AQ0FS00 0.870567 , , Fc 1 y y CC 0.999989 se se P00CN00
0.494509 considera considerar VMIP3S0 0.998721 como como CS 0.967153 un
uno DI0MS0 0.99698 fiable fiable AQ0CS00 1 biomarcador biomarc
SDfilesmergedinorder-TEI_pos-fl.txt

126 los el DA0MP0 0.992728 tejidos tejido NCMP000 0.738095 se se P00CN00
0.494509 considera considerar VMIP3S0 0.998721 que que CS 0.449861 es ser
VSIP3S0 1 el el DA0MS0 1 resultado resultado SDfilesmergedinorder-TEI_pos-
fl.txt

127 0.999961 la el DA0FS0 0.98926 ATM atm NP00000 1 . . Fp 1 Además
además RG 1 consideran considerar VMIP3P0 1 que que CS 0.449861 una uno DI0FS0
0.951973 escasa escaso AQ0FS00 0.916667 distancia distancia
SDfilesmergedinorder-TEI_pos-fl.txt

128 1 . . Fp 1 , , Fc 1 ((Fpa 1 1999 1999 Z 1)) Fpt 1 la lo PP3FSA0 0.010734
consideran considerar VMIP3P0 1 cuando cuando CS 0.86298 no no RN
0.999297 existe existir VMIP3S0 0.997925 ninguna ninguno DI0
SDfilesmergedinorder-TEI_pos-fl.txt

129 1 lo el DA00S0 0.665165 que que PROCN00 0.550139 se se P00CN00
0.494509 consideran considerar VMIP3P0 1 defectos defecto NCMP000 1 estéticos
estético AQ0MP00 1 faciales facial AQ0CP00 1 y y SDfilesmergedinorder-
TEI_pos-fl.txt

130 NCMS000 0.701248 , , Fc 1 cuyo cuyo PROMS00 1 tratamiento tratamiento
NCMS000 1 consiste consistir VMIP3S0 0.993421 en en SP 1 medidas medida
NCFP000 0.999067 remineralizadoras remineralizadoras AQ0FP00
SDfilesmergedinorder-TEI_pos-fl.txt

131 moderada-severa AQ0FS00 1 . . Fp 1 La el DA0FS0 0.98926 LDH ldh
NP00000 1 constituye constituir VMIP3S0 0.993827 un uno DI0MS0 0.99698
indicador indicador NCMS000 0.97619 especifico especificar VMIP1S
SDfilesmergedinorder-TEI_pos-fl.txt

132 el DA0MP0 0.992728 aminoácidos aminoácido NCMP000 1 que que PROCN00
0.550139 constituyen constituir VMIP3P0 1 el el DA0MS0 1 colágeno colágeno
NCMS000 1 de de SP 0.999961 las el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

133 NCFS000 1 de de SP 0.999961 cepillado cepillado NCMS000 0.451204 y y
CC 0.999989 consumen consumir VMIP3P0 0.928205 más más RG 0.99993 cantidad

cantidad NCFS000 1 de de SP 0.999961 azúcares azúcar NCCP00

SDfilesmergedinorder-TEI_pos-fl.txt

134 de SP 0.999961 estudio estudio NCMS000 0.97043 el el DA0MS0 1 TC tc

NP00000 1 controlan controlar VMIP3P0 1 la el DA0FS0 0.98926 fase fase

NCFS000 1 respiratoria respiratorio AQ0FS00 1 a a SDfilesmergedinorder-

TEI_pos-fl.txt

135 o NCMS000 1 preoperatorio preoperatorio AQ0MS00 1 se se P00CN00

0.494509 correlaciona correlacionar VMIP3S0 0.989241 con con SP 1 el el DA0MS0 1

grado grado NCMS000 0.994792 Mallampati mallampati NP00000

SDfilesmergedinorder-TEI_pos-fl.txt

136 significativo AQ0MS00 1 que que PROCN00 0.550139 se se P00CN00

0.494509 correlaciona correlacionar VMIP3S0 0.989241 con con SP 1 el el DA0MS0 1

movimiento movimiento NCMS000 1 de de SP 1 SDfilesmergedinorder-TEI_pos-

fl.txt

137 0 1 vez vez NCFS000 1 mayor mayor AQ0CS00 0.9995 se se P00CN00

0.494509 correlacionan correlacionar VMIP3P0 1 con con SP 1 dolor dolor

NCMS000 1 en en SP 1 la el DA0FS0 0.98926 SDfilesmergedinorder-TEI_pos-

fl.txt

138 SP 1 su su DP3CSN 1 gran gran AQ0CS00 1 mayoría mayoría NCFS000 1

corresponden corresponder VMIP3P0 1 a a SP 0.998775 estudios estudio NCMP000 1

de de SP 0.999961 series serie NCFP000 0.998103 de SDfilesmergedinorder-

TEI_pos-fl.txt

139 VMIP3P0 1 que que CS 0.449861 el el DA0MS0 1 Herbst herbst NP00000 1

corrige corregir VMIP3S0 0.989241 los el DA0MP0 0.992728 problemas

problema NCMP000 1 sagitales sagital AQ0CP00 1 en en SDfilesmergedinorder-

TEI_pos-fl.txt

140 CMP000 0.992424 , , Fc 1 hecho hecho NCMS000 0.361738 que que PROCN00

0.550139 corrobora corroborar VMIP3S0 0.989241 un uno DI0MS0 0.99698

estudio estudio NCMS000 0.97043 realizado realizar VMP00SM 1 por

SDfilesmergedinorder-TEI_pos-fl.txt

141 r VMG0000 1 efectos efecto NCMP000 1 indeseables indeseable AQ0CP00
0.661231 , , Fc 1 creemos creer VMIP1P0 0.972603 que que CS 0.449861 justifica
justificar VMIP3S0 0.98913 el el DA0MS0 1 hecho hecho

SDfilesmergedinorder-TEI_pos-fl.txt

142 0.992728 dientes diente NCMP000 0.992424 obturados obturar VMP00PM 1 si
si CS 0.999827 creen creer VMIP3P0 0.986928 que que CS 0.449861 están estar
VMIP3P0 0.99949 asociados asociar VMP00PM 0.623747 a a

SDfilesmergedinorder-TEI_pos-fl.txt

143 NCFP000 1 con con SP 1 las el DA0FP0 0.988184 que que PROCN00
0.550139 cuenta contar VMIP3S0 0.768585 nuestra nuestro DP1FSP 0.867454
investigación investigación NCFS000 1 son ser VSIP3P0 0

SDfilesmergedinorder-TEI_pos-fl.txt

144 infraestimar VMP00SF 1 , , Fc 1 ya_que ya_que CS 1 no no RN 0.999297
cuentan contar VMIP3P0 1 con con SP 1 el el DA0MS0 1 tiempo tiempo
NCMS000 1 extra extra AQ0SDfilesmergedinorder-TEI_pos-fl.txt

145 VMIP1P0 0.65 mantener mantener VMN0000 1 la lo PP3FSA0 1 porque
porque CS 1 cumple cumplir VMIP3S0 0.994186 los el DA0MP0 0.992728
criterios criterio NCMP000 1 de de SP 0.999961 inclusión inclusi

SDfilesmergedinorder-TEI_pos-fl.txt

146 A0MP0 0.992728 estudios estudio NCMP000 1 según según SP 0.768678 si si
CS 0.999827 cumplen cumplir VMIP3P0 1 una uno DI0FS0 0.951973 serie serie
NCFS000 0.993392 de de SP 0.999961 criterios criterio NCMP

SDfilesmergedinorder-TEI_pos-fl.txt

147 706 de de SP 0.999961 traqueostomía traqueostomía NCFS000 1 . . Fp 1 Se se
P00CN00 0.494509 da dar VMIP3S0 0.998555 además además RG 1 la el DA0FS0
0.98926 circunstancia circunstancia NCFS000 1 de de SP SDfilesmergedinorder-
TEI_pos-fl.txt

148 1 casos caso NCMP000 1 similares similar AQ0CP00 1 . . Fp 1 Se se
P00CN00 0.494509 da dar VMIP3S0 0.998555 la el DA0FS0 0.98926 circunstancia

circunstancia NCFS000 1 de de SP 0.999961 que que CS SDfilesmergedinorder-
TEI_pos-fl.txt

149 _t NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 2008 2008 Z 1 ; ; Fx 1 da dar
VMIP3S0 0.998555 Costa-Silva costa-silva NP00000 1 et e_t NCFS000 1 a a SP
1 el SDfilesmergedinorder-TEI_pos-fl.txt

150 NP00000 1 padecían padecer VMII3P0 1 de de SP 0.999961 MIH mih
NP00000 1 . . Fp 1 Da dar VMIP3S0 0.998555 Costa-Silva costa-silva NP00000 1 et
e_t NCFS000 1 a a SP 1 el SDfilesmergedinorder-TEI_pos-fl.txt

151 VMIP3S0 0.889306 los el DA0MP0 0.992728 tratamientos tratamiento
NCMP000 1 y y CC 0.999989 da dar VMIP3S0 0.998555 mayor mayor
AQ0CS00 0.9995 estabilidad estabilidad NCFS000 1 ((Fpa 1 Haruki haruki NP
SDfilesmergedinorder-TEI_pos-fl.txt

152 SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 2011 2011 Z 1 ; ; Fx 1 Caramez caramez
NP00000 1 da dar VMIP3S0 0.998555 Silva silva NP00000 1 et e_t NCFS000 1 a a
SP 1 el el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

153 1 Lo el DA00S0 0.665165 que que PROCN00 0.550139 nos nos PP1CP00
0.810258 da dar VMIP3S0 0.998555 a a SP 0.998775 entender entender
VMN0000 0.994186 que que CS 0.449861 no no RN 0.99929
SDfilesmergedinorder-TEI_pos-fl.txt

154 OMP0 0.992728 monómeros monómero NCMP000 1 lo el DA00S0 0.665165
que que PROCN00 0.550139 da dar VMIP3S0 0.998555 lugar lugar NCMS000 1 a a
SP 0.998775 una uno DIOFS0 0.951973 disminución disminución N
SDfilesmergedinorder-TEI_pos-fl.txt

155 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 2013 2013 Z 1)) Fpt 1 no no RN
0.999297 dan dar VMIP3P0 1 detalles detalle NCMP000 0.995283 ni ni CC
0.834853 de de SP 1 el el DA0MS0 1 SDfilesmergedinorder-TEI_pos-fl.txt

156 1P0 0.65 que que CS 0.449861 éstos este PD0MP00 1 le le PP3CSD0 1 dan dar
VMIP3P0 1 mucha mucho DIOFS0 0.99763 mayor mayor AQ0CS00 0.9995
importancia importancia NCFS000 1 a a SDfilesmergedinorder-TEI_pos-fl.txt

157 OFP0 0.988184 mujeres mujer NCFP000 1 las el DA0FP0 0.988184 que que
PROCNO0 0.550139 dan dar VMIP3P0 1 una uno DI0FS0 0.951973 mayor mayor
AQ0CS00 0.9995 importancia importancia NCF000 1 a a

SDfilesmergedinorder-TEI_pos-fl.txt

158 0.999961 estas este DD0FP0 0.969897 luxaciones luxación NCFP000 1 se se
P00CN00 0.494509 debe deber VMIP3S0 0.998712 a a SP 0.998775 que que CS
0.449861 para para SP 0.999834 la el DA0FS0 0.98926 SDfilesmergedinorder-

TEI_pos-fl.txt

159 1 movimiento movimiento NCMS000 1 dental dental AQ0CS00 0.661294 se se
P00CN00 0.494509 debe deber VMIP3S0 0.998712 a a SP 0.998775 las el
DA0FP0 0.988184 paredes pared NCFP000 1 corticales cortical AQ0

SDfilesmergedinorder-TEI_pos-fl.txt

160 ción NCF000 1 en en SP 1 un uno DI0MS0 0.99698 adolescente adolescente
NCCS000 0.847222 debe deber VMIP3S0 0.998712 de de SP 0.999961 ser ser
VSN0000 0.959637 más más RG 0.99993 larga largo AQ0FS00 0.939

SDfilesmergedinorder-TEI_pos-fl.txt

161 DA0FS0 0.98926 comparación comparación NCF000 1 de de SP 0.999961
dosis dosis NCFN000 1 debe deber VMIP3S0 0.998712 ser ser VSN0000 0.959637
realizada realizar VMP00SF 1 con con SP 1 prudencia prudencia

SDfilesmergedinorder-TEI_pos-fl.txt

162 1 con con SP 1 prudencia prudencia NCF000 1 y y CC 0.999989 no no RN
0.999297 debe deber VMIP3S0 0.998712 basar basar VMN0000 1 se se PP3CN00 1 en
en SP 1 exclusiva exclusiva NCF000 0.291667 SDfilesmergedinorder-TEI_pos-
fl.txt

163 le AQ0CS00 0.997312 escrutinio escrutinio NCMS000 1 numérico numérico
AQ0MS00 1 , , Fc 1 debe deber VMIP3S0 0.998712 también también RG 1
tener_en_cuenta tener_en_cuenta VMN0000 1 la el DA0 SDfilesmergedinorder-
TEI_pos-fl.txt

164 1 luz luz NCF000 1 , , Fc 1 esto este PD00S00 1 se se P00CN00 0.494509
debe deber VMIP3S0 0.998712 a a SP 0.998775 la el DA0FS0 0.98926 mayor

mayor AQ0CS00 0.9995 presencia presencia SDfilesmergedinorder-TEI_pos-fl.txt

165 _h:72 Zu 1)) Fpt 1 , , Fc 1 esto este PD00S00 1 se se P00CN00 0.494509 debe deber VMIP3S0 0.998712 a a SP 0.998775 la el DA0FS0 0.98926 elongación elongación NCFS000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-fl.txt

166 SP 1 los el DA0MP0 0.992728 niños niño NCMP000 0.998721 se se P00CN00 0.494509 debe deber VMIP3S0 0.998712 principalmente principalmente RG 1 a a SP 0.998775 que que CS 0.449861 comparten compar SDfilesmergedinorder-TEI_pos-fl.txt

167 AQ0FS00 1 de de SP 0.999961 mujeres mujer NCFP000 1 se se P00CN00 0.494509 debe deber VMIP3S0 0.998712 a a SP 1 el el DA0MS0 1 mayor mayor AQ0CS00 0.9995 número número SDfilesmergedinorder-TEI_pos-fl.txt

168 ares molar NCMP000 0.339769 permanente permanente AQ0CS00 0.932099 siempre siempre RG 1 deben deber VMIP3P0 1 estar estar VMN0000 0.999154 afectados afectar VMP00PM 0.421875 mientras_que mientras_que CS 1 SDfilesmergedinorder-TEI_pos-fl.txt

169 cirugía NCFS000 1 . . Fp 1 Los el DA0MP0 0.992728 pacientes paciente NCCP000 0.992958 deben deber VMIP3P0 1 llevar llevar VMN0000 1 la el DA0FS0 0.98926 máscara máscara NCFS000 1 facial facial AQ0 SDfilesmergedinorder-TEI_pos-fl.txt

170 as el DA0FP0 0.988184 limitaciones limitación NCFP000 1 , , Fc 1 se se P00CN00 0.494509 deben deber VMIP3P0 1 citar citar VMN0000 1 la el DA0FS0 0.98926 ausencia ausencia NCFS000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-fl.txt

171 in_vitro AQ0CN00 1 bien bien RG 0.876088 diseñados diseñar VMP00PM 1 , , Fc 1 deben deber VMIP3P0 1 tener tener VMN0000 1 se se PP3CN00 1 en en SP 1 consideración consideración NCFS000 1 SDfilesmergedinorder-TEI_pos-fl.txt

172 1 eso ese PD00S00 1 que que PR0CN00 0.550139 se se P00CN00 0.494509 deben deber VMIP3P0 1 valorar valorar VMN0000 1 otros otro DI0MP0 0.745978

factores factor NCMP000 1 como como CS 0. SDfilesmergedinorder-TEI_pos-fl.txt

173 iculado AQ0MP00 0.361306 , , Fc 1 lo el DA00S0 0.665165 que que PROCN00 0.550139 debilita debilitar VMIP3S0 0.989225 a a SP 1 el el DA0MS0 1 material.21 material.21 Z 1 </p> <p> Las SDfilesmergedinorder-TEI_pos-fl.txt

174 en en SP 1 general general NCCS000 0.173788 . . Fp 1 Nosotros nosotros PP1MP00 1 decidimos decidir VMIP1P0 0.65 que que CS 0.449861 no no RN 0.999297 era ser VSII3S0 0.491317 adecuado adecuar VMP00 SDfilesmergedinorder-TEI_pos-fl.txt

175 incluir VMP00SM 1 . . Fp 1 Por por SP 1 ello ello PD00S00 1 , , Fc 1 decidimos decidir VMIP1P0 0.65 mantener mantener VMN0000 1 la lo PP3FSA0 1 porque porque CS 1 cumple cumplir VMIP3 SDfilesmergedinorder-TEI_pos-fl.txt

176 S00 0.9995 tiempo tiempo NCMS000 1 de de SP 0.999961 retención retención NCFS000 1 decrece decrecer VMIP3S0 0.989238 el el DA0MS0 1 potencial potencial NCMS000 0.745902 de de SP 0.999961 recidiva recidiva SDfilesmergedinorder-TEI_pos-fl.txt

177 46 que que PROCN00 0.550139 otros otro PI0MP00 0.254022 que que PROCN00 0.550139 defienden defender VMIP3P0 1 que que CS 0.449861 comenzar comenzar VMN0000 1 a a SP 0.998775 temprana temprano AQ0FS00 1 SDfilesmergedinorder-TEI_pos-fl.txt

178 0 0.98926 mayoría mayoría NCFS000 1 de de SP 0.999961 estudios estudio NCMP000 1 defienden defender VMIP3P0 1 que que CS 0.449861 la el DA0FS0 0.98926 lactancia lactancia NCFS000 1 materna materno AQ0 SDfilesmergedinorder-TEI_pos-fl.txt

179 a SP 1 el el DA0MS0 1 . . Fp 1 en en SP 1 1998 1998 Z 1 , , Fc 1 defienden defender VMIP3P0 1 que que CS 0.449861 las el DA0FP0 0.988184 corticales cortical AQ0CP00 1 de de SDfilesmergedinorder-TEI_pos-fl.txt

180 1 , , Fc 1 estos este PD0MP00 0.0279912 no no RN 0.999297 se se P00CN00 0.494509 deforman deformar VMIP3P0 1 sino sino CC 0.999154 se se P00CN00

0.494509 fracturan fracturar VMIP3P0 1 inmediatamente inme

SDfilesmergedinorder-TEI_pos-fl.txt

181 SP 1 el el DA0MS0 1 eliminar eliminar VMN0000 1 se se PP3CN00 1 deja
dejar VMIP3S0 0.992395 de de SP 0.999961 ser ser VSN0000 0.959637 heterogéneo
heterogéneo AQ0MS00 1 y y CC 0.9 SDfilesmergedinorder-TEI_pos-fl.txt

182 1 ya_que ya_que CS 1 como como CS 0.967153 se se P00CN00 0.494509
demuestra demostrar VMIP3S0 0.936047 en en SP 1 algunos alguno DI0MP0 0.60333
estudios estudio NCMP000 1 ((Fpa 1 Philstrom SDfilesmergedinorder-TEI_pos-
fl.txt

183 0 1 los el DA0MP0 0.992728 estudios estudio NCMP000 1 que que PR0CN00
0.550139 demuestran demostrar VMIP3P0 1 que que CS 0.449861 la el DA0FS0
0.98926 solución solución NCFS000 1 factorial factorial AQ0

SDfilesmergedinorder-TEI_pos-fl.txt

184 > Los los NP00000 1 datos dato NCMP000 1 por por SP 1 tanto tanto RG
0.806143 demuestran demostrar VMIP3P0 1 que que CS 0.449861 el el DA0MS0 1
DIAGNOdent diagnodent NP00000 1 es ser VSIP3 SDfilesmergedinorder-TEI_pos-
fl.txt

185 éxito NCMS000 1 de de SP 1 el el DA0MS0 1 tratamiento tratamiento
NCMS000 1 depende depender VMIP3S0 0.995283 en_gran_medida
en_gran_medida RG 1 de de SP 0.999961 la el DA0 SDfilesmergedinorder-
TEI_pos-fl.txt

186 1 , , Fc 1 por_lo_tanto por_lo_tanto RG 1 se se P00CN00 0.494509 describe
describir VMIP3S0 0.989241 como como CS 0.967153 un uno DI0MS0 0.99698
material material NCMS000 0.783688 rígido r SDfilesmergedinorder-TEI_pos-
fl.txt

187 7.27 Z 1 La la NP00000 1 norma norma NCFS000 1 ISO iso NP00000 1 13586
13586 Z 1 describe describir VMIP3S0 0.989241 la el DA0FS0 0.98926 determinación
determinación NCFS000 1 de de SP 0.999961 la el DA0 SDfilesmergedinorder-
TEI_pos-fl.txt

188 ico NCMS000 0.97619 . . Fp 1 Así así RG 0.999409 [[Fca 1 30 30 Z 1]] Fct
1 describen describir VMIP3P0 1 el el DA0MS0 1 caso caso NCMS000 0.999445 de
de SP 0.999961 un uno DI0 SDfilesmergedinorder-TEI_pos-fl.txt

189 1 borde borde AQ0CS00 0.286747 incisal incisal NCMS000 1 como como CS
0.967153 describen describir VMIP3P0 1 otros otro DI0MP0 0.745978 autores
autor NCMP000 1 ((Fpa 1 1 1 Z 1)) Fpt 1 ((Fpa 1 2 2 Z
SDfilesmergedinorder-TEI_pos-fl.txt

190 mo NCMS000 1 de de SP 0.999961 la el DA0FS0 0.98926 glucosa glucosa
NCFS000 1 desempeñan desempeñar VMIP3P0 1 un uno DI0MS0 0.99698 papel
papel NCMS000 1 importante importante AQ0CS00 1 en en
SDfilesmergedinorder-TEI_pos-fl.txt

191 .999961 6190 6190 Z 1 , , Fc 1 lo el DA00S0 0.665165 que que PROCN00
0.550139 demuestra demostrar VMIP3S0 0.330105 que que CS 0.449861
a_pesar_de a_pesar_de SP 1 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

192 1 , , Fc 1 el el DA0MS0 1 hábito hábito NCMS000 1 tabáquico tabáquico
AQ0MS00 1 destaca destacar VMIP3S0 0.996689 como como CS 0.967153 un
uno DI0MS0 0.99698 factor factor NCMS000 1 de de SP 0.999961
SDfilesmergedinorder-TEI_pos-fl.txt

193 0MP0 0.992728 cuales cual PROCPO0 1 detienen detener VMIP3P0 1 o o CC
0.999864 desvían desviar VMIP3P0 1 la el DA0FS0 0.98926 grieta grieta NCFS000
0.874645 , , Fc 1 a_pesar_de a_pesar_ SDfilesmergedinorder-TEI_pos-fl.txt

194 CS 1 el el DA0MS0 1 grupo grupo NCMS000 1 monometacrilato
monometacrilato NCMS000 1 desvían desviar VMIP3P0 1 la el DA0FS0 0.98926
grieta grieta NCFS000 0.874645 por por SP 1 el el DA0 SDfilesmergedinorder-
TEI_pos-fl.txt

195 NCCP000 0.996183 de de SP 0.999961 medicina medicina NCFS000 0.962264
, , Fc 1 determina determinar VMIP3S0 0.989241 que que CS 0.449861 los el
DA0MP0 0.992728 estudios estudio NCMP000 1 de de SP 0.999961
SDfilesmergedinorder-TEI_pos-fl.txt

- 196 92728 materiales material NCMP000 0.890625 provisionales provisional
AQ0CP00 1 determina determinar VMIP3S0 0.989241 la el DA0FS0 0.98926
capacidad capacidad NCFS000 1 de de SP 0.999961 POSS poss NP00000
SDfilesmergedinorder-TEI_pos-fl.txt
- 197 1 . . Fp 1 Otros otro PI0MP00 0.254022 no_obstante no_obstante CC 1 , , Fc 1
determinan determinar VMIP3P0 1 que que CS 0.449861 la el DA0FS0 0.98926
condición condición NCFS000 1 de de SP 0.999961 SDfilesmergedinorder-
TEI_pos-fl.txt
- 198 99961 relajación relajación NCFS000 1 los el DA0MP0 0.992728 cuales cual
PR0CP00 1 detienen detener VMIP3P0 1 o o CC 0.999864 desvían desviar VMIP3P0 1
la el DA0FS0 0.98926 grieta grieta SDfilesmergedinorder-TEI_pos-fl.txt
- 199 A0MP0 0.992728 incisivos incisivo NCMP000 0.338706 se se P00CN00
0.494509 diagnostican diagnosticar VMIP3P0 1 con con SP 1 más más RG 0.99993
facilidad facilidad NCFS000 1 pero pero CC 0.999902 los SDfilesmergedinorder-
TEI_pos-fl.txt
- 200 MP00 1 sean ser VSSP3P0 0.996689 muy muy RG 1 dispares dispar AQ0CP00
0.992708 dificulta dificultar VMIP3S0 0.989241 su su DP3CSN 1 análisis análisis
NCMN000 1 para para SP 0.999834 establecer establecer SDfilesmergedinorder-
TEI_pos-fl.txt
- 201 anterior AQ0CS00 1 , , Fc 1 lo el DA00S0 0.665165 que que PR0CN00
0.550139 dificulta dificultar VMIP3S0 0.989241 el el DA0MS0 1 proceso proceso
NCMS000 0.999101 ((Fpa 1 Bellot-Arcís bellot-arcís NP0
SDfilesmergedinorder-TEI_pos-fl.txt
- 202 989 diez 10 Z 1 años año NCMP000 1 post-tratamiento post-tratamiento
NCMS000 1 dificulta dificultar VMIP3S0 0.989241 obtener obtener VMN0000 1
un uno DI0MS0 0.99698 tamaño tamaño NCMS000 0.993827 muestral
SDfilesmergedinorder-TEI_pos-fl.txt
- 203 AQ0FP00 0.300493 entre entre SP 0.980341 ellos ellos PP3MP00 1 no no RN
0.999297 difieren diferir VMIP3P0 1 en_gran_medida en_gran_medida RG 1 , , Fc
1 la el DA0FS0 0.98926 Norma_ SDfilesmergedinorder-TEI_pos-fl.txt

204 hombres hombre NCMP000 1 . . Fp 1 Estos este DD0MP0 0.972009 datos dato NCMP000 1 difieren diferir VMIP3P0 1 de de SP 0.999961 nuestro nuestro DP1MSP 0.957064 estudio estudio NCMS000 0.97043 , , Fc 1 don SDfilesmergedinorder-TEI_pos-fl.txt

205 1 aunque aunque CC 1 la el DA0FS0 0.98926 especificidad especificidad NCFS000 1 disminuye disminuir VMIP3S0 0.989241 respecto_a respecto_a SP 1 la el DA0FS0 0.98926 obtenida obtener VMP00SF 1 SDfilesmergedinorder-TEI_pos-fl.txt

206 morder VMP00SF 1 cruzada cruzada NCFS000 0.526253 posterior posterior AQ0CS00 1 disminuye disminuir VMIP3S0 0.989241 con con SP 1 el el DA0MS0 1 tiempo tiempo NCMS000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-fl.txt

207 responder VMN0000 1 a a SP 1 el el DA0MS0 1 tratamiento tratamiento NCMS000 1 disminuye disminuir VMIP3S0 0.989241 con con SP 1 la el DA0FS0 0.98926 edad edad NCFS000 1 . . Fp 1 Sin sin SDfilesmergedinorder-TEI_pos-fl.txt

208 .66124 con con SP 1 anclaje anclaje NCMS000 1 esquelético esquelético AQ0MS00 1 disminuye disminuir VMIP3S0 0.989241 las el DA0FP0 0.988184 posibilidades posibilidad NCFP000 1 de de SP 0.999961 recidiva r SDfilesmergedinorder-TEI_pos-fl.txt

209 di-butilo NCMS000 1 , , Fc 1 lo el DA00S0 0.665165 que que PROCN00 0.550139 disminuye disminuir VMIP3S0 0.989241 aun aun RG 0.87037 más más RG 0.99993 la el DA0FS0 0.98926 resistencia resistencia NCFS SDfilesmergedinorder-TEI_pos-fl.txt

210 0.992728 años año NCMP000 1 en en SP 1 hombres hombre NCMP000 1 y y CC 0.999989 disminuye disminuir VMIP3S0 0.989241 en en SP 1 mujeres mujer NCFP000 1 , , Fc 1 desde desde SP 1 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

211 el DA0FS0 0.98926 clorhexidina clorhexidina NCFS000 1 realmente realmente RG 1 disminuye disminuir VMIP3S0 0.989241 la el DA0FS0 0.98926 fuerza fuerza

NCFS000 0.99684 de de SP 0.999961 unión unión NCFS00

SDfilesmergedinorder-TEI_pos-fl.txt

212 98926 fuerza fuerza NCFS000 0.99684 adhesiva adhesivo AQ0FS00 1 o o CC

0.999864 disminuye disminuir VMIP3S0 0.989241 . . Fp 1 En en SP 1 un uno

DI0MS0 0.99698 futuro futuro NCMS000 0.853084 se se SDfilesmergedinorder-

TEI_pos-fl.txt

213 valoración NCFP000 1 de de SP 1 el el DA0MS0 1 VAS vas NP00000 1

disminuyen disminuir VMIP3P0 1 a_medida_que a_medida_que CS 1 la el

DA0FS0 0.98926 categoría categoría SDfilesmergedinorder-TEI_pos-fl.txt

214 VMP00SM 1 , , Fc 1 estos este DD0MP0 0.972009 metabolitos metabolito

NCMP000 1 disminuyen disminuir VMIP3P0 1 significativamente significativamente

RG 1 tras tras SP 1 el el DA0MS0 1 tratamiento tratamien SDfilesmergedinorder-

TEI_pos-fl.txt

215 000 0.995283 , , Fc 1 estos este DD0MP0 0.972009 valores valor NCMP000

0.99763 disminuyen disminuir VMIP3P0 1 gradualmente gradualmente RG 1 con

con SP 1 el el DA0MS0 1 tiempo tiempo NCMS000 1 , , SDfilesmergedinorder-

TEI_pos-fl.txt

216 en SP 1 G2 G2 Z 1 el el DA0MS0 1 espesor espesor NCMS000 1 disminuyo

disminuir VMIP1S0 1 en en SP 1 0.06_mm LN_mm:0.06 Zu 1 . . Fp 1 </p> <p>

En_cuanto_a SDfilesmergedinorder-TEI_pos-fl.txt

217 NCMS000 0.995283 , , Fc 1 aún aun RG 1 no no RN 0.999297 se se P00CN00

0.494509 dispone disponer VMIP3S0 1 de de SP 0.999961 un uno DI0MS0 0.99698

protocolo protocolo NCMS000 0.980769 basado basar VMP0

SDfilesmergedinorder-TEI_pos-fl.txt

218 1 periodontal periodontal AQ0CS00 1 no no RN 0.999297 se se P00CN00

0.494509 distribuye distribuir VMIP3S0 0.989241 uniformemente

uniformemente RG 1 en en SP 1 los el DA0MP0 0.992728 distintos distinto A

SDfilesmergedinorder-TEI_pos-fl.txt

219 ecto efecto NCMS000 1 plastificante plastificante NCMS000 1 que que

PROCN00 0.550139 ejerce ejercer VMIP3S0 0.990196 el el DA0MS0 1 agua agua

NCCS000 0.997446 en en SP 1 estadios estadio NCMP000 1

SDfilesmergedinorder-TEI_pos-fl.txt

220 ecto efecto NCMS000 1 plastificante plastificante NCMS000 1 que que
PR0CN00 0.550139 ejerce ejercer VMIP3S0 0.990196 el el DA0MS0 1 agua agua
NCCS000 0.997446 , , Fc 1 esto este PD00S00 1 hace SDfilesmergedinorder-
TEI_pos-fl.txt

221 SP 1 la el DA0FS0 0.98926 placa placa NCFS000 1 bacteriana bacteriano
AQ0FS00 1 ejercen ejercer VMIP3P0 1 los el DA0MP0 0.992728 principales
principal AQ0CP00 0.998252 papeles papel NCMP000 0.986111 e

SDfilesmergedinorder-TEI_pos-fl.txt

222 .449861 las el DA0FP0 0.988184 extracciones extracción NCFP000 1 también
también RG 1 elevan elevar VMIP3P0 1 los el DA0MP0 0.992728 marcadores
marcador NCMP000 0.638693 inflamatorios inflamatorio AQ0MP00

SDfilesmergedinorder-TEI_pos-fl.txt

223 1 la el DA0FS0 0.98926 expiración expiración NCFS000 1 , , Fc 1 se se
P00CN00 0.494509 elige elegir VMIP3S0 0.97619 como como CS 0.967153
postura postura NCFS000 1 cefálica cefálico AQ0FS00 1 reproducible

SDfilesmergedinorder-TEI_pos-fl.txt

224 RG 1 esquelético esquelético AQ0MS00 1 y y CC 0.999989 se se P00CN00
0.494509 eliminan eliminar VMIP3P0 1 los el DA0MP0 0.992728 movimientos
movimiento NCMP000 1 dentales dental AQ0CP00 0.661294 indes

SDfilesmergedinorder-TEI_pos-fl.txt

225 13 cuando cuando CS 0.86298 la el DA0FS0 0.98926 maloclusión maloclusión
NCFS000 1 empeora empeorar VMIP3S0 0.989223 . . Fp 1 </p> <p> Cuando
cuando NP00000 1 calculamos calcular VMIP1P0 0.65 la el DA0

SDfilesmergedinorder-TEI_pos-fl.txt

226 DA0MS0 1 rasgo rasgo NCMS000 0.989711 que que PR0CN00 0.550139 más
más RG 0.99993 empeora empeorar VMIP3S0 0.989223 ((Fpa 1 28,6_% 28.6/100 Zp
1)) Fpt 1 junto_con junto_con SP 1 la el DA0FS0 0.98926

SDfilesmergedinorder-TEI_pos-fl.txt

- 227 .661294 y y CC 0.999989 los el DA0MP0 0.992728 incisivos incisivo
NCMP000 0.338706 empiezan empezar VMIP3P0 1 a a SP 0.998775 mineralizar
mineralizar VMN0000 1 se se PP3CN00 1 en en SP 1 SDfilesmergedinorder-
TEI_pos-fl.txt
- 228 A0MS0 1 . . Fp 1 ((Fpa 1 2014 2014 Z 1)) Fpt 1 , , Fc 1 que que PROCN00
0.550139 emplea emplear VMIP3S0 0.989241 una uno DIOFS0 0.951973 fuerza
fuerza NCFS000 0.99684 2,5 2.5 Z 1 veces vez NCFP000 1 m
SDfilesmergedinorder-TEI_pos-fl.txt
- 229 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 2014 2014 Z 1)) Fpt 1 sólo sólo
RG 1 emplea emplear VMIP3S0 0.989241 de de SP 0.999961 este este DD0MS0
0.949201 grupo grupo NCMS000 1 de de SP 0.999961 SDfilesmergedinorder-
TEI_pos-fl.txt
- 230 000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2003 2003 Z 1)) Fpt 1 , , Fc 1
emplean emplear VMIP3P0 1 la el DA0FS0 0.98926 superposición superposición
NCFS000 1 cefalométrica cefalométrico AQ0FS00 SDfilesmergedinorder-TEI_pos-
fl.txt
- 231 RG 1 en en SP 1 aquellos aquel PD0MP00 0.406832 que que PROCN00
0.550139 emplean emplear VMIP3P0 1 el el DA0MS0 1 MBI mbi NP00000 1 . . Fp 1
</p> <p> Los los NP00000 1 SDfilesmergedinorder-TEI_pos-fl.txt
- 232 0MP00 0.0840249 de de SP 0.999961 los el DA0MP0 0.992728 estudios
estudio NCMP000 1 emplean emplear VMIP3P0 1 como como CS 0.967153
variables variable AQ0CP00 0.634035 el el DA0MS0 1 SNA sna
SDfilesmergedinorder-TEI_pos-fl.txt
- 233 AQ0CS00 1 entre entre SP 0.980341 sí sí PP3CNO0 0.336127 y y CC
0.999989 emplean emplear VMIP3P0 1 las el DA0FP0 0.988184 mismas mismo
AQ0FP00 0.995495 medidas medida NCFP000 0.999067 . . Fp 1
SDfilesmergedinorder-TEI_pos-fl.txt
- 234 os el DA0MP0 0.992728 10 10 Z 1 estudios estudio NCMP000 1 que que
PROCN00 0.550139 emplean emplear VMIP3P0 1 8-OhdG 8-OhdG Z 1 , , Fc 1

sólo sólo RG 1 uno uno PI0MS00 0.981709 de de SDfilesmergedinorder-TEI_pos-fl.txt

235 _que CS 1 si si CS 0.999827 no no RN 0.999297 tienen_en_cuenta tener_en_cuenta VMIP3P0 1 el el DA0MS0 1 tipping tipping NCMS000 1 puede poder VMIP3S0 0.999693 que que SDfilesmergedinorder-TEI_pos-fl.txt

236 DA0FS0 0.98926 mayoría mayoría NCFS000 1 tampoco tampoco RG 1 tiene_en_cuenta tener_en_cuenta VMIP3S0 1 factores factor NCMP000 1 de de SP 0.999961 confusión confusión NCFS000 1 como como CS 0.96715 SDfilesmergedinorder-TEI_pos-fl.txt

237 nuestro DP1MSP 0.957064 estudio estudio NCMS000 0.97043 también también RG 1 encontramos encontrar VMIP1P0 0.65 una uno DI0FS0 0.951973 relación relación NCFS000 1 estadísticamente estadísticamente RG 1 SDfilesmergedinorder-TEI_pos-fl.txt

238 999961 la el DA0FS0 0.98926 literatura literatura NCFS000 1 no no RN 0.999297 encontramos encontrar VMIP1P0 0.65 ningún ninguno DI0MS0 1 artículo artículo NCMS000 1 que que PROCN00 0.550139 estudie estudi SDfilesmergedinorder-TEI_pos-fl.txt

239 1 En en SP 1 nuestro nuestro DP1MSP 0.957064 estudio estudio NCMS000 0.97043 encontramos encontrar VMIP1P0 0.65 una uno DI0FS0 0.951973 prevalencia prevalencia NCFS000 1 ligeramente ligeramente RG 1 supe SDfilesmergedinorder-TEI_pos-fl.txt

240 A0MP0 0.992728 valores valor NCMP000 0.99763 predictivos predictivo AQ0MP00 1 encontramos encontrar VMIP1P0 0.65 que que CS 0.449861 cuando cuando CS 0.86298 un uno DI0MS0 0.99698 niño niño NCMS000 0.9973 SDfilesmergedinorder-TEI_pos-fl.txt

241 SP 0.980341 los el DA0MP0 0.992728 tres 3 Z 1 grupos grupo NCMP000 1 , , Fc 1 encontramos encontrar VMIP1P0 0.65 diferencias diferencia NCFP000 0.996454 significativas significativo AQ0FP00 1 entre entre SDfilesmergedinorder-TEI_pos-fl.txt

242 continuo AQ0FS00 1 discusión discusión NCFS000 1 . . Fp 1 No no RN

0.999263 encontramos encontrar VMIP1P0 0.65 relación relación NCFS000 1 con con SP 1 la el DA0FS0 0.98926 estabilidad estabilidad NCFS0

SDfilesmergedinorder-TEI_pos-fl.txt

243 0000 1 nuestros nuestro DP1MPP 0.920918 resultados resultado NCMP000

0.998596 encontramos encontrar VMIP1P0 0.65 que que CS 0.449861 la el DA0FS0

0.98926 clase clase NCFS000 1 social social AQ0 SDfilesmergedinorder-TEI_pos-fl.txt

244 1 el el DA0MS0 1 MIH mih NP00000 1 . . Fp 1 Nosotros nosotros PP1MP00 1

encontramos encontrar VMIP1P0 0.65 índices índice NCMP000 1 de de SP

0.999961 caries caries NCFN000 0.698105 significativament

SDfilesmergedinorder-TEI_pos-fl.txt

245 lescentes adolescente NCCP000 0.738095 ((Fpa 1 23 23 Z 1)) Fpt 1 , , Fc 1

encontramos encontrar VMIP1P0 0.65 que que CS 0.449861 éstos este PD0MP00

1 le le PP3CSD0 1 dan dar SDfilesmergedinorder-TEI_pos-fl.txt

246 , Fc 1 11-14 11-14 Z 1]] Fct 1 Solo solo NP00000 1 nos nos PP1CP00

0.810258 encontramos encontrar VMIP1P0 0.65 con con SP 1 dos 2 Z 0.999868

estudios estudio NCMP000 1 de de SP 0.999961 todos todo

SDfilesmergedinorder-TEI_pos-fl.txt

247 9698 estudio estudio NCMS000 0.97043 que que PROCN00 0.550139 no no

RN 0.999297 encuentra encontrar VMIP3S0 0.97619 asociación asociación

NCFS000 1 ((Fpa 1 Germa germa NP00000 1 et e_t NCFS000 1 a a

SDfilesmergedinorder-TEI_pos-fl.txt

248 365965 socioeconómicas socioeconómico AQ0FP00 1 , , Fc 1 se se P00CN00

0.494509 encuentra encontrar VMIP3S0 0.97619 una uno DI0FS0 0.951973

relación relación NCFS000 1 estadísticamente estadísticamente RG

SDfilesmergedinorder-TEI_pos-fl.txt

249 olimerización NCFS000 1 radical radical AQ0CS00 0.991803 se se P00CN00

0.494509 encuentra encontrar VMIP3S0 0.97619 todavía todavía RG 1 en en SP

1 progreso.21 progreso.21 Z 1 Actualmente actualmente NP00

SDfilesmergedinorder-TEI_pos-fl.txt

250 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2015 2015 Z 1)) Fpt 1
encuentran encontrar VMIP3P0 1 como como CS 0.967153 factores factor NCMP000 1
asociados asociar VMP00PM 0.623747 a a SP 1 SDfilesmergedinorder-TEI_pos-
fl.txt

251 s quirúrgico AQ0MP00 1 más más RG 0.99993 invasivos invasivos AQ0MP00
0.749994 encuentran encontrar VMIP3P0 1 en en SP 1 sus su DP3CPN 0.999903
resultados resultado NCMP000 0.998596 un uno DI0 SDfilesmergedinorder-
TEI_pos-fl.txt

252 9 los el DA0MP0 0.992728 94 94 Z 1 años año NCMP000 1 , , Fc 1 y y CC
0.999989 encuentran encontrar VMIP3P0 1 que que CS 0.449861 tanto tanto RG
0.806143 la el DA0FS0 0.98926 altura altura NCFS000 1 SDfilesmergedinorder-
TEI_pos-fl.txt

253 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 no no RN 0.999297 encuentran
encontrar VMIP3P0 1 diferencias diferencia NCFP000 0.996454 entre entre SP
0.980341 los el DA0MP0 0.992728 diferenc SDfilesmergedinorder-TEI_pos-fl.txt

254 00000 1 et e_t NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 encuentran
encontrar VMIP3P0 1 diferencias diferencia NCFP000 0.996454 significativas
significativo AQ0FP00 1 en en SP 1 la e SDfilesmergedinorder-TEI_pos-fl.txt

255 ría NCFS000 1 de de SP 0.999961 los el DA0MP0 0.992728 autores autor
NCMP000 1 encuentran encontrar VMIP3P0 1 más más RG 0.99993 beneficios
beneficio NCMP000 1 que que CS 0.449861 inconvenientes inconveni
SDfilesmergedinorder-TEI_pos-fl.txt

256 AQ0FP00 1 . . Fp 1 Numerosos numeroso AQ0MP00 0.71178 autores autor
NCMP000 1 encuentran encontrar VMIP3P0 1 que que CS 0.449861 los el DA0MP0
0.992728 movimientos movimiento NCMP000 1 hacia hacia SP 1
SDfilesmergedinorder-TEI_pos-fl.txt

257 1 el el DA0MS0 1 que que PROCN00 0.550139 se se P00CN00 0.494509
encuentran encontrar VMIP3P0 1 los el DA0MP0 0.992728 valores valor NCMP000
0.99763 de de SP 0.999961 pH p_h SDfilesmergedinorder-TEI_pos-fl.txt

258 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2015 2015 Z 1)) Fpt 1 , , Fc 1
encuentran encontrar VMIP3P0 1 altos alto AQ0MP00 0.992424 niveles nivel
NCMP000 0.987805 de de SP 0.999961 8-OhDG 8-OhDG Z 1
SDfilesmergedinorder-TEI_pos-fl.txt

259 enfermedad NCFS000 1 periodontal periodontal AQ0CS00 1 se se P00CN00
0.494509 encuentran encontrar VMIP3P0 1 muy muy RG 1 elevados elevar
VMP00PM 1 con_respecto_a con_respecto_a SDfilesmergedinorder-TEI_pos-
fl.txt

260 lveolar AQ0CS00 0.661292 vestibular vestibular AQ0CS00 1 que que
PROCN00 0.550139 envuelve envolver VMIP3S0 0.989241 a a SP 0.998775 los el
DA0MP0 0.992728 incisivos incisivo NCMP000 0.338706 superiores s
SDfilesmergedinorder-TEI_pos-fl.txt

261 0 0.909357 molares molar AQ0CP00 0.660231 temporales temporal AQ0CP00
0.97619 erupcionan erupcionan VMIP3P0 1 alrededor_de alrededor_de SP 1 cuatro
4 Z 1 años año NCMP000 1 antes antes RG 1 SDfilesmergedinorder-TEI_pos-
fl.txt

262 P00000 1 definición definición NCFS000 1 de de SP 0.999961 MIH mih
NP00000 1 especifica especificar VMIP3S0 0.989241 que que CS 0.449861 los el
DA0MP0 0.992728 primeros 1 AO0MP00 1 molares molar NCMP000 0
SDfilesmergedinorder-TEI_pos-fl.txt

263 .999961 los el DA0MP0 0.992728 estudios estudio NCMP000 1 no no RN
0.999297 especifican especificar VMIP3P0 1 si si CS 0.999827 la el DA0FS0
0.98926 lactancia lactancia NCFS000 1 materna materno AQ0
SDfilesmergedinorder-TEI_pos-fl.txt

264 99868 de de SP 0.999961 los el DA0MP0 0.992728 artículos artículo
NCMP000 1 especifican especificar VMIP3P0 1 que que CS 0.449861 aparato aparato

NCMS000 1 de de SP 0.999961 CBCT cbct NP00000 1 utilizan

SDfilesmergedinorder-TEI_pos-fl.txt

265 r VMIP3S0 0.993827 un uno DI0MS0 0.99698 indicador indicador NCMS000

0.97619 especifico especificar VMIP1S0 1 de de SP 0.999961 las el DA0FP0

0.988184 lesiones lesión NCFP000 0.994792 periodontales period

SDfilesmergedinorder-TEI_pos-fl.txt

266 la NP00000 1 anatomía anatomía NCFS000 1 dentoalveolar dentoalveolar

AQ0CS00 1 establece establecer VMIP3S0 0.992424 los el DA0MP0 0.992728

límites límite NCMP000 1 de de SP 1 el el DA0 SDfilesmergedinorder-TEI_pos-

fl.txt

267 solamente solamente RG 1 un uno DI0MS0 0.99698 estudio estudio NCMS000

0.97043 establece establecer VMIP3S0 0.992424 que que CS 0.449861 las el DA0FP0

0.988184 soluciones solución NCFP000 0.993421 ensayadSDfilesmergedinorder-

TEI_pos-fl.txt

268 os el DA0MP0 0.992728 análisis análisis NCMN000 1 incluidos incluir

VMP00PM 1 establecen establecer VMIP3P0 1 los el DA0MP0 0.992728 mismos

mismo AQ0MP00 0.52924 límites límite NCMP000 1 anatómicos anatóm

SDfilesmergedinorder-TEI_pos-fl.txt

269 DA0MS0 1 tratamiento tratamiento NCMS000 1 con con SP 1 Herbst herbst

NP00000 1 estimula estimular VMIP3S0 0.869312 temporalmente temporalmente

RG 1 el el DA0MS0 1 crecimiento crecimiento NCMS000 1 condi

SDfilesmergedinorder-TEI_pos-fl.txt

270 OMP0 0.972009 metabolitos metabolito NCMP000 1 bacterianos bacteriano

AQ0MP00 1 estimulan estimular VMIP3P0 1 la el DA0FS0 0.98926 respuesta

respuesta NCFS000 1 inflamatoria inflamatorio AQ0FS00 1 y y

SDfilesmergedinorder-TEI_pos-fl.txt

271 00000 1 et e_t NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 estudian estudiar

VMIP3P0 1 la el DA0FS0 0.98926 cantidad cantidad NCFS000 1 horizontal

horizontal AQ0CS00 0.661294 y y SDfilesmergedinorder-TEI_pos-fl.txt

272 rugía cirugía NCFS000 1 de de SP 0.999961 avance avance NCMS000
0.850649 , , Fc 1 estudian estudiar VMIP3P0 1 una uno DI0FS0 0.951973 variante
variante NCFS000 0.980769 a a SP 0.998775 dicho decir VMP00

SDfilesmergedinorder-TEI_pos-fl.txt

273 mero NCMS000 1 de de SP 0.999961 mujeres mujer NCFP000 1 que que
PROCNO0 0.550139 estudian estudiar VMIP3P0 1 en en SP 1 los el DA0MP0
0.992728 grados grado NCMP000 1 de de SP 0.999961 SDfilesmergedinorder-

TEI_pos-fl.txt

274 ical cortical AQ0CS00 1 . . Fp 1 El el DA0MS0 1 envejecimiento
envejecimiento NCMS000 1 está estar VMIP3S0 0.999398 relacionado relacionar
VMP00SM 1 con con SP 1 la el DA0FS0 0.98926 pérdida pérdida

SDfilesmergedinorder-TEI_pos-fl.txt

275 el NP00000 1 consumo consumo NCMS000 0.995485 de de SP 0.999961
tabaco tabaco NCMS000 1 está estar VMIP3S0 0.999398 directamente
directamente RG 1 relacionado relacionar VMP00SM 1 con con SP 1 la el DA0

SDfilesmergedinorder-TEI_pos-fl.txt

276 duración NCFS000 1 de de SP 1 el el DA0MS0 1 tratamiento tratamiento
NCMS000 1 está estar VMIP3S0 0.999398 relacionada relacionar VMP00SF 1
con con SP 1 la el DA0FS0 0.98926 estabilidad estabili SDfilesmergedinorder-

TEI_pos-fl.txt

277 tudio estudio NCMS000 0.97043 epidemiológicos epidemiológico AQ0MP00 1
no no RN 0.999297 está estar VMIP3S0 0.999398 indicado indicar VMP00SM 1
su su DP3CSN 1 uso uso NCMS000 0.998047 y y SDfilesmergedinorder-TEI_pos-

fl.txt

278 0.449861 grado grado NCMS000 0.994792 de de SP 0.999961 afectación
afectación NCFS000 1 está estar VMIP3S0 0.999398 más más RG 0.99993 ligado
ligar VMP00SM 0.97619 a a SP 0.998775 la el DA0 SDfilesmergedinorder-

TEI_pos-fl.txt

279 SP 0.998775 la el DA0FS0 0.98926 obtenida obtener VMP00SF 1 cuando
cuando CS 0.86298 está estar VMIP3S0 0.999398 incluido incluir VMP00SM 1 .

. Fp 1 Por por SP 1 ello ello PD00S00 1 , , Fc 1 SDfilesmergedinorder-TEI_pos-fl.txt

280 CS 1 la el DA0FS0 0.98926 escala escala NCFS000 0.989071 PEDRO pedro NP00000 1 , , Fc 1 está estar VMIP3S0 0.999398 diseñada diseñar VMP00SF 1 para para SP 0.999834 su su DP3CSN 1 uso uso SDfilesmergedinorder-TEI_pos-fl.txt

281 periodontal AQ0CS00 1 , , Fc 1 ya_que ya_que CS 1 aunque aunque CC 1 está estar VMIP3S0 0.999398 presente presente AQ0CS00 0.524254 tanto tanto RG 0.806143 en en SP 1 sujetos sujeto NC SDfilesmergedinorder-TEI_pos-fl.txt

282 anestesia anestesia NCFS000 0.874645 general general AQ0CS00 0.826212 no no RN 0.999297 están estar VMIP3P0 0.99949 todavía todavía RG 1 suficientemente suficientemente RG 1 aclarados aclarar VMP00PM 0.62 SDfilesmergedinorder-TEI_pos-fl.txt

283 VMP00PM 1 si si CS 0.999827 creen creer VMIP3P0 0.986928 que que CS 0.449861 están estar VMIP3P0 0.99949 asociados asociar VMP00PM 0.623747 a a SP 0.998775 caries caries NCFN000 0.698105 atípico SDfilesmergedinorder-TEI_pos-fl.txt

284 1)) Fpt 1 en en SP 1 el el DA0MS0 1 tiempo tiempo NCMS000 1 , , Fc 1 están estar VMIP3P0 0.99949 entre entre SP 0.980341 los el DA0MP0 0.992728 4 4 Z 1 que que PROCN00 0.550139 reportan SDfilesmergedinorder-TEI_pos-fl.txt

285 S000 1 socioeconómico socioeconómico AQ0MS00 1 y y CC 0.999989 que que PROCN00 0.550139 están estar VMIP3P0 0.99949 expuestos exponer VMP00PM 1 a a SP 1 el el DA0MS0 1 tabaco tabaco SDfilesmergedinorder-TEI_pos-fl.txt

286 que CS 0.449861 nuestros nuestro DP1MPP 0.920918 resultados resultado NCMP000 0.998596 están estar VMIP3P0 0.99949 muy muy RG 1 poco poco RG 0.663123 expuestos exponer VMP00PM 1 a_el_sesgo SDfilesmergedinorder-TEI_pos-fl.txt

287 1)) Fpt 1 donde donde PR00000 0.982827 las el DA0FP0 0.988184 mujeres mujer NCFP000 1 están estar VMIP3P0 0.99949 más más RG 0.99993 satisfechas satisfacer VMP00PF 1 con con SP 1 su su DP3 SDfilesmergedinorder-TEI_pos-fl.txt

288 hombre NCMP000 1 que que PROCN00 0.550139 de de SP 0.999961 mujeres
mujer NCFP000 1 están estar VMIP3P0 0.99949 más más RG 0.99993
preocupados preocupar VMP00PM 1 por por SP 1 su su DP3

SDfilesmergedinorder-TEI_pos-fl.txt

289 NCFP000 0.998418 a a SP 0.998775 los el DA0MP0 0.992728 que que
PROCN00 0.550139 están estar VMIP3P0 0.99949 sometidos someter VMP00PM
1 los el DA0MP0 0.992728 dientes diente NCMP000 0.992424 a a

SDfilesmergedinorder-TEI_pos-fl.txt

290 2013 Z 1)) Fpt 1 , , Fc 1 ningún ninguno DI0MS0 1 estudio estudio
NCMS000 0.97043 evalúa evaluar VMIP3S0 0.98924 la el DA0FS0 0.98926 calidad
calidad NCFS000 1 de de SP 0.999961 vida vida NCFS000 1

SDfilesmergedinorder-TEI_pos-fl.txt

291 safe safe NCMS000 1 number number NCMS000 0.299606 , , Fc 1 que que
PROCN00 0.550139 evalúa evaluar VMIP3S0 0.98924 el el DA0MS0 1 número
número NCMS000 1 de de SP 0.999961 estudios estudio NCMP000 1

SDfilesmergedinorder-TEI_pos-fl.txt

292 8 patrones patrón NCMP000 1 faciales facial AQ0CP00 1 cuando cuando
PR00000 0.13702 evalúan evaluar VMIP3P0 1 la el DA0FS0 0.98926 presencia
presencia NCFS000 0.99679 de de SP 0.999961 dehiscencias dehis

SDfilesmergedinorder-TEI_pos-fl.txt

293 iva NCFS000 0.874645 , , Fc 1 lo el DA00S0 0.665165 cual cual PROC000
0.930743 evidencia evidenciar VMIP3S0 0.373494 que que CS 0.449861 las el
DA0FP0 0.988184 concentraciones concentración NCFP000 1 de d

SDfilesmergedinorder-TEI_pos-fl.txt

294 .999961 sus su DP3CPN 0.999903 componentes componente NCCP000
0.991803 y y CC 0.999989 evita evitar VMIP3S0 0.954545 el el DA0MS0 1
atrapamiento atrapamiento NCMS000 1 de de SP 0.999961 burbujas burbuja N

SDfilesmergedinorder-TEI_pos-fl.txt

295 NCMS000 1 , , Fc 1 respectivamente respectivamente RG 1 . . Fp 1 Esto este
PD00S00 1 evita evitar VMIP3S0 0.954545 que que CS 0.449861 las el DA0FP0

0.988184 proteasas proteasa NCFP000 1 se se P00 SDfilesmergedinorder-TEI_pos-fl.txt

296 a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 2015a 2015a Z 1)) Fpt 1 evitan evitar VMIP3P0 1 este este DD0MS0 0.949201 posible posible AQ0CS00 1 sesgo sesgo NCMS000 0.736395 recogiendo re SDfilesmergedinorder-TEI_pos-fl.txt

297 no RG 0.773585 , , Fc 1 la el DA0FS0 0.98926 enfermedad enfermedad NCFS000 1 evoluciona evolucionar VMIP3S0 0.989241 a a SP 0.998775 la el DA0FS0 0.98926 destrucción destrucción NCFS000 1 progresiva progr SDfilesmergedinorder-TEI_pos-fl.txt

298) Fpt 1 usa usar VMIP3S0 0.989238 estas este DD0FP0 0.969897 pero pero CC 0.999902 excluye excluir VMIP3S0 0.969887 , , Fc 1 además_de además_de SP 1 el el DA0MS0 1 U1-PP U1- SDfilesmergedinorder-TEI_pos-fl.txt

299 MS000 0.988202 luminoso luminoso AQ0MS00 1 que que PROCN00 0.550139 no no RN 0.999297 exigen exigir VMIP3P0 1 de de SP 0.999961 una uno DI0FS0 0.951973 excesiva excesivo AQ0FS00 1 apertura apertura SDfilesmergedinorder-TEI_pos-fl.txt

300 000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 2008 2008 Z 1)) Fpt 1 . . Fp 1 Existe existir VMIP3S0 0.997925 una uno DI0FS0 0.951973 versión versión NCFS000 1 de de SP 1 el el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

301 como como CS 0.967153 resultado resultado NCMS000 0.924877 que que PROCN00 0.550139 existe existir VMIP3S0 0.997925 relación relación NCFS000 1 entre entre SP 0.980341 el el DA0MS0 1 patrón patrón NCMS00 SDfilesmergedinorder-TEI_pos-fl.txt

302 0.010734 consideran considerar VMIP3P0 1 cuando cuando CS 0.86298 no no RN 0.999297 existe existir VMIP3S0 0.997925 ninguna ninguno DI0FS0 0.829392 modificación modificación NCFS000 1 en en SP 1 la el DA SDfilesmergedinorder-TEI_pos-fl.txt

303 ol_s NCFS000 1 . . Fp 1 ((Fpa 1 2006 2006 Z 1)) Fpt 1 , , Fc 1 no no RN 0.999297 existe existir VMIP3S0 0.997925 evidencia evidencia NCFS000

0.614458 científica científico AQ0FS00 0.865854 sobre sobre

SDfilesmergedinorder-TEI_pos-fl.txt

304 1 la el DA0FS0 0.98926 evidencia evidencia NCFS000 0.614458 que que
PROCNO0 0.550139 existe existir VMIP3S0 0.997925 actualmente actualmente RG 1
entorno entorno NCMS000 0.995283 a a SP 0.998775 los el DA

SDfilesmergedinorder-TEI_pos-fl.txt

305 0.99884 de de SP 0.999961 la el DA0FS0 0.98926 oclusión oclusión NCFS000
1 . . Fp 1 Existe existir VMIP3S0 0.997925 un uno DI0MS0 0.99698 claro claro
AQ0MS00 0.610577 consenso consenso NCMS000 1 en_cuant

SDfilesmergedinorder-TEI_pos-fl.txt

306 2728 7 7 Z 1 estudios estudio NCMP000 1 restantes restante AQ0CP00
0.916667 , , Fc 1 existe existir VMIP3S0 0.997925 una uno DI0FS0 0.951973
gran gran AQ0CS00 1 variabilidad variabilidad NCFS000 1 en en

SDfilesmergedinorder-TEI_pos-fl.txt

307 SP 0.998775 entender entender VMN0000 0.994186 que que CS 0.449861 no
no RN 0.999297 existe existir VMIP3S0 0.997925 una uno DI0FS0 0.951973
evidencia evidencia NCFS000 0.614458 clara claro AQ0FS00 0.9945

SDfilesmergedinorder-TEI_pos-fl.txt

308 1 ((Fpa 1 17 17 Z 1)) Fpt 1 . . Fp 1 Por_otro_lado por_otro_lado RG 1 , , Fc
1 existe existir VMIP3S0 0.997925 una uno DI0FS0 0.951973 creciente
creciente AQ0CS00 0.990196 evidencia evidencia NCFS00

SDfilesmergedinorder-TEI_pos-fl.txt

309 SP 0.999961 autores autor NCMP000 1 concluyen concluir VMIP3P0 1 que que
CS 0.449861 existe existir VMIP3S0 0.997925 una uno DI0FS0 0.951973 relación
relación NCFS000 1 entre entre SP 0.980341 los el DA0 SDfilesmergedinorder-

TEI_pos-fl.txt

310 es paciente NCCP000 0.992958 . . Fp 1 Por por SP 1 último último AO0MS00
1 , , Fc 1 existe existir VMIP3S0 0.997925 mucha mucho DI0FS0 0.99763
variedad variedad NCFS000 1 metodológica metodológico AQ0FS0

SDfilesmergedinorder-TEI_pos-fl.txt

311 SP 1 peso peso NCMS000 0.99569 , , Fc 1 por_lo_tanto por_lo_tanto RG 1
existe existir VMIP3S0 0.997925 poca poco DI0FS0 0.994792 disolución disolución
NCFS000 1 de de SP 0.999961 las el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

312 este DD0MP0 0.972009 materiales material NCMP000 0.890625 , , Fc 1 no no
RN 0.999297 existe existir VMIP3S0 0.997925 el el DA0MS0 1 efecto efecto
NCMS000 1 plastificante plastificante NCMS000 1 de de SP 1
SDfilesmergedinorder-TEI_pos-fl.txt

313 53 53 Z 1 ((Fpa 1 ADA53-2013 ADA53-2013 Z 1)) Fpt 1 . . Fp 1 No no RN
0.999263 existe existir VMIP3S0 0.997925 una uno DI0FS0 0.951973 norma
norma NCFS000 1 dental dental AQ0CS00 0.661294 estándar e
SDfilesmergedinorder-TEI_pos-fl.txt

314 1 : : Fd 1 Knoop knoop NP00000 1 y y CC 0.999989 Vickers vickers NP00000
1 . . Fp 1 Existe existir VMIP3S0 0.997925 controversia controversia NCFS000 1
en en SP 1 la el DA0FS0 0.98926 literatura literatu SDfilesmergedinorder-TEI_pos-
fl.txt

315 limitaciones NP00000 1 </p> <p> Actualmente actualmente NP00000 1 no no
RN 0.999297 existe existir VMIP3S0 0.997925 un uno DI0MS0 0.99698 criterio
criterio NCMS000 1 validado validar VMP00SM 1 y y SDfilesmergedinorder-
TEI_pos-fl.txt

316 P00PF 1 podemos poder VMIP1P0 0.994638 afirmar afirmar VMN0000 1 que
que CS 0.449861 existe existir VMIP3S0 0.997925 una uno DI0FS0 0.951973
asociación asociación NCFS000 1 moderada moderar VMP00SF 0.6237
SDfilesmergedinorder-TEI_pos-fl.txt

317 SP 1 lo el DA00S0 0.665165 que que PROCN00 0.550139 no no RN 0.999297
existe existir VMIP3S0 0.997925 certeza certeza NCFS000 1 de de SP 0.999961 cómo
cómo PT00000 0.997099 actúa actuar VMI SDfilesmergedinorder-TEI_pos-fl.txt

318 1 periodontal AQ0CS00 1 , , Fc 1 demostrando demostrar VMG0000 1 que que
CS 0.449861 existe existir VMIP3S0 0.997925 una uno DI0FS0 0.951973 asociación
asociación NCFS000 1 directa directo AQ0FS00 1 entre SDfilesmergedinorder-
TEI_pos-fl.txt

319 estésico perianestésico AQ0MS00 0.622296 que que PROCN00 0.550139 no no RN 0.999297 existen existir VMIP3P0 1 alteraciones alteración NCFP000 1 en en SP 1 la el DA0FS0 0.98926 ATM atm NP00000 1 SDfilesmergedinorder-TEI_pos-fl.txt

320 rso curso NCMS000 0.994505 de de SP 0.999961 grado grado NCMS000 0.994792 . . Fp 1 Existen existir VMIP3P0 1 discrepancias discrepancia NCFP000 1 en en SP 1 este este DD0MS0 0.949201 punto punto NCMS000 SDfilesmergedinorder-TEI_pos-fl.txt

321 297 es ser VSIP3S0 1 sencillo sencillo AQ0MS00 0.983871 , , Fc 1 aunque aunque CC 1 existen existir VMIP3P0 1 cuestionarios cuestionario NCMP000 1 validados validar VMP00PM 1 para para SP 0.999834 ello el SDfilesmergedinorder-TEI_pos-fl.txt

322 0 1 que que PROCN00 0.550139 defendía defender VMII3S0 0.635716 que que CS 0.449861 existen existir VMIP3P0 1 limitaciones limitación NCFP000 1 a a SP 1 el el DA0MS0 1 movimiento movimiento NCMS000 1 SDfilesmergedinorder-TEI_pos-fl.txt

323 0000 1 se se PP3CN00 1 en en SP 1 cuanta cuanto PROFS00 1 . . Fp 1 Existen existir VMIP3P0 1 muy muy RG 1 pocos poco DI0MP0 0.736967 artículos artículo NCMP000 1 que que PR0 SDfilesmergedinorder-TEI_pos-fl.txt

324 do NCMS000 0.788462 y y CC 0.999989 responder responder VMN0000 1 si si CS 0.999827 existen existir VMIP3P0 1 diferencias diferencia NCFP000 0.996454 significativas significativo AQ0FP00 1 en en SP 1 las SDfilesmergedinorder-TEI_pos-fl.txt

325 1 en en SP 1 progreso.21 progreso.21 Z 1 Actualmente actualmente NP00000 1 , , Fc 1 existen existir VMIP3P0 1 materiales material NCMP000 0.890625 provisionales provisional AQ0CP00 1 en en SP 1 bloques bl SDfilesmergedinorder-TEI_pos-fl.txt

326 olágeno colágeno NCMS000 1 , , Fc 1 lo el DA00S0 0.665165 que que PROCN00 0.550139 explica explicar VMIP3S0 0.934783 la el DA0FS0 0.98926

conservación conservación NCFS000 1 de de SP 0.999961 la el DA0

SDfilesmergedinorder-TEI_pos-fl.txt

327 OMS0 1 que que PROCN00 0.550139 los el DA0MP0 0.992728 autores autor

NCMP000 1 explican explicar VMIP3P0 1 este este DD0MS0 0.949201

fenómeno fenómeno NCMS000 1 podría poder VMIC3S0 0.643878 ser ser

SDfilesmergedinorder-TEI_pos-fl.txt

328 ntre entre SP 0.980341 otros otro DI0MP0 0.745978 factores factor NCMP000

1 , , Fc 1 expone exponer VMIP3S0 1 que que CS 0.449861 la el DA0FS0 0.98926

sobrecarga sobrecarga NCFS000 0.841306 académica acad

SDfilesmergedinorder-TEI_pos-fl.txt

329 de SP 0.999961 medida medida NCFS000 0.966772 , , Fc 1 unos uno PI0MP00

0.0400476 expresan expresar VMIP3P0 1 la el DA0FS0 0.98926 cantidad

cantidad NCFS000 1 de de SP 0.999961 aumento aumento NCMS000 0.9

SDfilesmergedinorder-TEI_pos-fl.txt

330 dentales dental AQ0CP00 0.661294 que que PROCN00 0.550139 se se

P00CN00 0.494509 extienden extender VMIP3P0 1 más_allá_de más_allá_de SP 1

los el DA0MP0 0.992728 límites límite SDfilesmergedinorder-TEI_pos-fl.txt

331 SP 0.999961 DIAGNOdent diagnodent NP00000 1 pen pe_n NCFS000 1 no no

RN 0.999297 facilita facilitar VMIP3S0 0.822581 la el DA0FS0 0.98926

exploración exploración NCFS000 1 adecuada adecuar VMP00SF 1 de de

SDfilesmergedinorder-TEI_pos-fl.txt

332 0 1 y y CC 0.999989 conductuales conductuales AQ0CP00 0.781291 no no RN

0.999297 facilita facilitar VMIP3S0 0.822581 el el DA0MS0 1 esclarecimiento

esclarecimiento NCMS000 1 de de SP 0.999961 la el DA0SDfilesmergedinorder-

TEI_pos-fl.txt

333 DA0FP0 0.988184 OR or NP00000 1 y y CC 0.999989 ello ello PD00S00 1

facilita facilitar VMIP3S0 0.822581 la el DA0FS0 0.98926 heterogeneidad

heterogeneidad NCFS000 1 entre entre SP 0.980341 lo SDfilesmergedinorder-

TEI_pos-fl.txt

334 característica NCFP000 0.994792 de de SP 1 el el DA0MS0 1 hueso hueso
NCMS000 1 facilitan facilitar VMIP3P0 1 su su DP3CSN 1 colocación
colocación NCFS000 1 y y CC 0.999989 favorecen favorecer VMIP3
SDfilesmergedinorder-TEI_pos-fl.txt

335 lengua lengua NCFS000 1 , , Fc 1 lo el DA00S0 0.665165 que que PROCN00
0.550139 favorece favorecer VMIP3S0 0.738095 el el DA0MS0 1 desarrollo desarrollo
NCMS000 0.99884 equilibrado equilibrar VMP00SM 0.6 SDfilesmergedinorder-
TEI_pos-fl.txt

336 zúcares azúcar NCCP000 1 , , Fc 1 lo el DA00S0 0.665165 que que PROCN00
0.550139 favorece favorecer VMIP3S0 0.738095 la el DA0FS0 0.98926 aparición
aparición NCFS000 1 de de SP 0.999961 la el DA0SDfilesmergedinorder-TEI_pos-
fl.txt

337 VMIP3P0 1 su su DP3CSN 1 colocación colocación NCFS000 1 y y CC
0.999989 favorecen favorecer VMIP3P0 1 su su DP3CSN 1 estabilidad
estabilidad NCFS000 1 ((Fpa 1 Hino hino NP00000 1 et e_
SDfilesmergedinorder-TEI_pos-fl.txt

338 000 1 . . Fp 1 Los el DA0MP0 0.992728 bastones bastón NCMP000 1 se se
P00CN00 0.494509 fijan fijar VMIP3P0 1 con con SP 1 adhesivo adhesivo
NCMS000 0.33872 de de SP 0.999961 cianoacrilato cianoacrilato N
SDfilesmergedinorder-TEI_pos-fl.txt

339 Frc 1 - - Fg 1 desoxiguanosina desoxiguanosina NCFS000 0.500187 se se
P00CN00 0.494509 forma formar VMIP3S0 0.0116473 por por SP 1 la el DA0FS0
0.98926 oxidación oxidación NCFS000 1 de de SP 0.999961
SDfilesmergedinorder-TEI_pos-fl.txt

340 494509 deforman deformar VMIP3P0 1 sino sino CC 0.999154 se se P00CN00
0.494509 fracturan fracturar VMIP3P0 1 inmediatamente inmediatamente RG 1 , , Fc 1
por_lo_tanto por_lo_tanto RG 1 se se SDfilesmergedinorder-TEI_pos-fl.txt

341 NCFS000 1 que que CS 0.449861 los el DA0MP0 0.992728 que que PROCN00
0.550139 fuman fumar VMIP3P0 1 menos menos RG 0.990694 . . Fp 1 Como

como CS 0.967153 sabemos saber VMIP1P0 1 , , Fc 1 la SDfilesmergedinorder-TEI_pos-fl.txt

342 0.978817 absorción absorción NCFS000 1 de de SP 0.999961 agua agua NCCS000 0.997446 genera generar VMIP3S0 0.98913 hidrólisis hidrólisis NCFN000 1 de de SP 0.999961 los el DA0MP0 0.992728 monómeros monóm SDfilesmergedinorder-TEI_pos-fl.txt

343 1 su su DP3CSN 1 alta alto AQ0FS00 0.996988 naturaleza naturaleza NCFS000 1 glicolítica glicolítica VMIP3S0 1 produce producir VMIP3S0 0.997076 un uno DI0MS0 0.99698 aumento aumento NCMS000 0.998188 signi SDfilesmergedinorder-TEI_pos-fl.txt

344 el DA0MS0 1 ángulo ángulo NCMS000 1 FMA fma NP00000 1 no no RN 0.999297 guarda guardar VMIP3S0 0.809524 relación relación NCFS000 1 con con SP 1 ninguna ninguno P10FS00 0.170608 de de SP 0.99 SDfilesmergedinorder-TEI_pos-fl.txt

345 leatorización aleatorización NCFS000 1 . . Fp 1 Pero pero CC 0.999902 esto este PD00S00 1 ha haber VMIP3S0 5.55463e-005 de de SP 0.999961 ser ser VSN0000 0.959637 valorado valorar VMP00SM 1 con con SDfilesmergedinorder-TEI_pos-fl.txt

346 ste DD0MP0 0.972009 procedimientos procedimiento NCMP000 1 . . Fp 1 Ello ello PD00S00 1 hace hacer VMIP3S0 1 que que CS 0.449861 el el DA0MS0 1 nivel nivel NCMS000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-fl.txt

347 VMIP3P0 1 siendo ser VSG0000 1 utilizado utilizar VMP00SM 1 desde desde SP 1 hace hacer VMIP3S0 1 años año NCMP000 1)) Fpt 1 , , Fc 1 con con SP 1 la el DA0FS0 0.98926 percepción SDfilesmergedinorder-TEI_pos-fl.txt

348 frente RG 0.835648 anterior anterior AQ0CS00 1 tal_como tal_y_como CS 1 hace hacer VMIP3S0 1 el el DA0MS0 1 IOTN-AC iotn-ac NP00000 1 . . Fp 1 Para para SP 0.999834 SDfilesmergedinorder-TEI_pos-fl.txt

349 0 0.352601 directa directo AQ0FS00 1 convencional convencional AQ0CS00 0.661294 , , Fc 1 hace hacer VMIP3S0 1 que que CS 0.449861 los el DA0MP0

0.992728 provisionales provisional AQ0CP00 1 estén_en_SDfilesmergedinorder-
TEI_pos-fl.txt

350 0 0.990196 el el DA0MS0 1 agua agua NCCS000 0.997446 , , Fc 1 esto este
PD00S00 1 hace hacer VMIP3S0 1 que que CS 0.449861 la el DA0FS0 0.98926
tenacidad tenacidad NCFS000 1 a a SP 0.998775 SDfilesmergedinorder-TEI_pos-
fl.txt

351 NCFS000 1 normal normal AQ0CS00 0.995283 como como CS 0.967153 lo lo
PP3MSA0 0.334764 hace hacer VMIP3S0 1 Bianchi bianchi NP00000 1 et e_t
NCFS000 1 a a SP 1 el el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

352 961 las el DA0FP0 0.988184 variables variable NCFP000 0.365965 que que
PROCNO0 0.550139 hacen hacer VMIP3P0 1 difícil difícil AQ0CS00 1 comparar
comparar VMN0000 1 todos todo DI0MP0 0.70665 los el SDfilesmergedinorder-
TEI_pos-fl.txt

353 1)) Fpt 1 . . Fp 1 </p> <p> Sin sin NP00000 1 embargo embargo NCMS000
0.995283 , , Fc 1 han haber VMIP3P0 0.000155231 de de SP 0.999961
tenerse_en_cuenta tener_en_cuenta VMN0000 1 algunos alguno DI0
SDfilesmergedinorder-TEI_pos-fl.txt

354 00 1 tras tras SP 1 las el DA0FP0 0.988184 corticotomías corticotomías
NCFP000 1 , , Fc 1 hay haber VMIP3S0 1 que que CS 0.449861 analizar analizar
VMN0000 1 los el DA0MP0 0.992728 diversos diverso DI0
SDfilesmergedinorder-TEI_pos-fl.txt

355 por_lo_tanto RG 1 , , Fc 1 concluyen concluir VMIP3P0 1 que que CS
0.449861 hay haber VMIP3S0 1 otros otro DI0MP0 0.745978 factores factor
NCMP000 1 que que PROCNO0 0.550139 influyen influir SDfilesmergedinorder-
TEI_pos-fl.txt

356 y CC 0.999989 concluyeron concluir VMIS3P0 1 que que CS 0.449861 no no
RN 0.999297 hay haber VMIP3S0 1 diferencias diferencia NCFP000 0.996454
significativa significativo AQ0FS00 1 entre entre SP 0 SDfilesmergedinorder-
TEI_pos-fl.txt

357 0 1 . . Fp 1 Sin sin SP 1 embargo embargo NCMS000 0.995283 , , Fc 1
tampoco tampoco RG 1 hay haber VMIP3S0 1 diferencias diferencia NCFP000
0.996454 entre entre SP 0.980341 los el DA0MP0 0.992728 resulta

SDfilesmergedinorder-TEI_pos-fl.txt

358 000 0.993827 muestral muestral AQ0CS00 1 , , Fc 1 si si CS 0.999827 bien
bien RG 0.876088 hay haber VMIP3S0 1 que que CS 0.449861 tener_en_cuenta
tener_en_cuenta VMN0000 1 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

359 habilidad NCFS000 1 absoluta absoluto AQ0FS00 1 cuando cuando CS 0.86298
no no RN 0.999297 hay haber VMIP3S0 1 diferencia diferencia NCFS000
0.879908 entre entre SP 0.980341 el el DA0MS0 1 PAR par NP00000

SDfilesmergedinorder-TEI_pos-fl.txt

360 S000 1 . . Fp 1 Sin sin SP 1 embargo embargo NCMS000 0.995283 , , Fc 1 no
no RN 0.999297 hay haber VMIP3S0 1 un uno DI0MS0 0.99698 consenso consenso
NCMS000 1 sobre sobre SP 0.997804 indicaciones indicac

SDfilesmergedinorder-TEI_pos-fl.txt

361 ptimas bueno AQSFP00 1 condiciones condición NCFP000 0.998418 . . Fp 1
No no RN 0.999263 hay haber VMIP3S0 1 que que CS 0.449861 olvidar olvidar
VMN0000 1 que que CS 0.449861 los el DA0MP0 0.992728 10 10

SDfilesmergedinorder-TEI_pos-fl.txt

362 0FP00 1 en en SP 1 la el DA0FS0 0.98926 que que PROCN00 0.550139 hay
haber VMIP3S0 1 asociada asociar VMP00SF 0.623731 una uno DI0FS0 0.951973
pérdida pérdida NCFS000 1 ósea óseo SDfilesmergedinorder-TEI_pos-fl.txt

363 9698 grupo grupo NCMS000 1 poblacional poblacional AQ0CS00 1 joven
joven AQ0CS00 0.419614 hay haber VMIP3S0 1 mayor mayor AQ0CS00
0.9995 prevalencia prevalencia NCFS000 1 de de SP 0.999961 bolsas bolsa NC

SDfilesmergedinorder-TEI_pos-fl.txt

364 NCMS000 1 . . Fp 1 En en SP 1 este este DD0MS0 0.949201 punto punto
NCMS000 1 hay haber VMIP3S0 1 que que CS 0.449861 resaltar resaltar
VMN0000 1 la el DA0FS0 0.98926 diferencia diferencia NCF

SDfilesmergedinorder-TEI_pos-fl.txt

365 568 Z 1 respectivamente respectivamente RG 1)) Fpt 1 . . Fp 1 </p> <p> No
no NP00000 1 hay haber VMIP3S0 1 estudios estudio NCMP000 1 publicados
publicar VMP00PM 1 sobre sobre SP 0.997804 la el DA0 SDfilesmergedinorder-
TEI_pos-fl.txt

366 resultado NCMP000 0.998596 finales final AQ0CP00 0.258786 , , Fc 1 ya_que
ya_que CS 1 hay haber VMIP3S0 1 autores autor NCMP000 1 como como CS
0.967153 Vardimon vardimon NP00000 1 et e_t NCFS000 1
SDfilesmergedinorder-TEI_pos-fl.txt

367 00PM 0.303922 con con SP 1 extracciones extracción NCFP000 1 . . Fp 1
Además además RG 1 hay haber VMIP3S0 1 pocos poco DI0MP0 0.736967
estudios estudio NCMP000 1 controlados controlar VMP00PM 1 y y
SDfilesmergedinorder-TEI_pos-fl.txt

368 819767 o o CC 0.999864 permanente permanente AQ0CS00 0.932099 . . Fp 1
No no RN 0.999263 hay haber VMIP3S0 1 estudios estudio NCMP000 1 que que
PR0CN00 0.550139 analicen analizar VMSP3P0 0.941964 la el
SDfilesmergedinorder-TEI_pos-fl.txt

369 1 el el DA0MS0 1 adhesivo adhesivo NCMS000 0.33872 . . Fp 1 Además
además RG 1 , , Fc 1 hay haber VMIP3S0 1 que que CS 0.449861 tener_en_cuenta
tener_en_cuenta VMN0000 1 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

370 nto_a SP 1 cargas carga NCFP000 0.98913 inorgánicas inorgánico AQ0FP00 1
, , Fc 1 imparten impartir VMIP3P0 1 a a SP 1 el el DA0MS0 1 material material
AQ0CS00 0.216312 resistencia resistencia SDfilesmergedinorder-TEI_pos-fl.txt

371 mación NCFS000 1 . . Fp 1 Estos este DD0MP0 0.972009 ácidos ácido
NCMP000 0.608725 impiden impedir VMIP3P0 1 la el DA0FS0 0.98926 división
división NCFS000 1 celular celular AQ0CS00 1 dificultando difícu
SDfilesmergedinorder-TEI_pos-fl.txt

372 rario por_el_contrario RG 1 la el DA0FS0 0.98926 subluxación subluxación
NCFS000 1 implica implicar VMIP3S0 0.993421 la el DA0FS0 0.98926
autorreducción autor_reducción NCMS000 1 de de SP 0.999961 la el
SDfilesmergedinorder-TEI_pos-fl.txt

373 61 mascarillas mascarilla NCFP000 1 laríngeas laríngeo AQ0FP00 1 no no RN
0.999297 implica implicar VMIP3S0 0.993421 que que CS 0.449861 exista existir
VMSP3S0 0.497942 un uno DI0MS0 0.99698 fracaso frac

SDfilesmergedinorder-TEI_pos-fl.txt

374 n NCFS000 1 de de SP 0.999961 estos este DD0MP0 0.972009 factores factor
NCMP000 1 implica implicar VMIP3S0 0.993421 que que CS 0.449861 la el
DA0FS0 0.98926 técnica técnica NCFS000 0.352601 es ser VSIP3

SDfilesmergedinorder-TEI_pos-fl.txt

375 severidad NCFS000 1 de de SP 1 el el DA0MS0 1 MIH mih NP00000 1
implica implicar VMIP3S0 0.993421 un uno DI0MS0 0.99698 mayor mayor
AQ0CS00 0.9995 susceptibilidad susceptibilidad NCFS00 SDfilesmergedinorder-

TEI_pos-fl.txt

376 la el DA0FS0 0.98926 confección confección NCFS000 1 ; ; Fx 1 esto este
PD00S00 1 implica implicar VMIP3S0 0.993421 que que CS 0.449861
independientemente independientemente RG 1 de de SP 0.999961 la el

SDfilesmergedinorder-TEI_pos-fl.txt

377 a el DA0FS0 0.98926 caries caries NCFN000 0.698105 dental dental AQ0CS00
0.661294 implican implicar VMIP3P0 1 una uno DI0FS0 0.951973 mejora mejora
NCFS000 0.940887 de de SP 0.999961 la el DA0 SDfilesmergedinorder-TEI_pos-

fl.txt

378 983871 transversal transversal AQ0CS00 0.661294 que que PROCN00
0.550139 imposibilita imposibilitar VMIP3S0 0.989241 el el DA0MS0 1 estudio
estudio NCMS000 0.97043 de de SP 0.999961 la el DA0 SDfilesmergedinorder-

TEI_pos-fl.txt

379 S0 1 único único AQ0MS00 1 estudio estudio NCMS000 0.97043 que que
PROCN00 0.550139 incluye incluir VMIP3S0 0.95045 pacientes paciente NCCP000
0.992958 con con SP 1 clínica clínica NCFS000 0.847222 y y CC

SDfilesmergedinorder-TEI_pos-fl.txt

380 sis síntesis NCFN000 1 cuantitativa cuantitativo AQ0FS00 1 que que PROCN00
0.550139 incluye incluir VMIP3S0 0.95045 9 9 Z 1 artículos artículo NCMP000 1

que que PROCN00 0.550139 mostraban mostrar VMII3P0 SDfilesmergedinorder-
TEI_pos-fl.txt

381 bremordida sobremordida NCFS000 1 , , Fc 1 aunque aunque CC 1 también
también RG 1 incluyen incluir VMIP3P0 1 el el DA0MS0 1 Co-A co-a NP00000
1 , , Fc 1 el el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

382 .449861 los el DA0MP0 0.992728 estudios estudio NCMP000 1 que que
PROCN00 0.550139 incluyen incluir VMIP3P0 1 todos todo DI0MP0 0.70665
los el DA0MP0 0.992728 dientes diente NCMP000 0.992424 [[Fca 1 8,1
SDfilesmergedinorder-TEI_pos-fl.txt

383 hay NP00000 1 autores autor NCMP000 1 que que PROCN00 0.550139 no no
RN 0.999297 incluyen incluir VMIP3P0 1 en en SP 1 el el DA0MS0 1 ICAO
icao NP00000 1 los el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

384 00SM 1 por por SP 1 los el DA0MP0 0.992728 que que PROCN00 0.550139
incluyen incluir VMIP3P0 1 todos todo DI0MP0 0.70665 los el DA0MP0
0.992728 empastes empaste NCMP000 0.998103 como como
SDfilesmergedinorder-TEI_pos-fl.txt

385 límite AQ0CN00 0.191358 . . Fp 1 Estos este DD0MP0 0.972009 casos caso
NCMP000 1 incluyen incluir VMIP3P0 1 los el DA0MP0 0.992728 que que
PROCN00 0.550139 presentan presentar VMIP3P0 1 fenotipos
SDfilesmergedinorder-TEI_pos-fl.txt

386 verosimilitud NCFS000 1 positiva positivo AQ0FS00 1 de de SP 0.999961
10,3 10.3 Z 1 indica indicar VMIP3S0 0.995495 un uno DI0MS0 0.99698 alto alto
AQ0MS00 0.995585 poder poder NCMS000 0.606525 predictiv
SDfilesmergedinorder-TEI_pos-fl.txt

387 gativa negativo AQ0FS00 0.5 de de SP 0.999961 0,57 0.57 Z 1 nos nos
PP1CP00 0.810258 indica indicar VMIP3S0 0.995495 una uno DI0FS0 0.951973
menor menor AQ0CS00 0.977178 capacidad capacidad NCFS000 1 para
SDfilesmergedinorder-TEI_pos-fl.txt

388 significativo significativo AQ0MS00 1 de de SP 0.999961 estos este PD0MP00
0.0279912 indica indicar VMIP3S0 0.995495 la el DA0FS0 0.98926 presencia

presencia NCFS000 0.99679 de de SP 0.999961 actividad ac

SDfilesmergedinorder-TEI_pos-fl.txt

389 1 p=0.0251 p=0.0251 Z 1)) Fpt 1 lo el DA00S0 0.665165 cual cual PR0CS00

0.930743 indica indicar VMIP3S0 0.995495 que que CS 0.449861 la el DA0FS0

0.98926 severidad severidad NCFS000 1 de de SP 1 SDfilesmergedinorder-

TEI_pos-fl.txt

390 y CC 0.999989 caries caries NCFN000 0.698105 dental dental AQ0CS00

0.661294 , , Fc 1 indica indicar VMIP3S0 0.995495 la el DA0FS0 0.98926

necesidad necesidad NCFS000 1 de de SP 0.999961 un uno DI0

SDfilesmergedinorder-TEI_pos-fl.txt

391 regresión NCFS000 1 de de SP 0.999961 Egger egger NP00000 1 nos nos

PP1CP00 0.810258 indica indicar VMIP3S0 0.995495 que que CS 0.449861 nuestros

nuestro DP1MPP 0.920918 resultados resultado NCMP000 0.998

SDfilesmergedinorder-TEI_pos-fl.txt

392 1 lo el DA00S0 0.665165 que que PROCN00 0.550139 nos nos PP1CP00

0.810258 indica indicar VMIP3S0 0.995495 que que CS 0.449861 el el DA0MS0

1 sesgo sesgo NCMS000 0.736395 de de SP 0.999961 SDfilesmergedinorder-

TEI_pos-fl.txt

393 00 1 . . Fp 1 Por por SP 1 lo el DA00S0 0.665165 que que PROCN00 0.550139

indican indicar VMIP3P0 1 que que CS 0.449861 el el DA0MS0 1 uso uso

NCMS000 0.998047 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-fl.txt

394 el DA0MS0 1 . . Fp 1 , , Fc 1 2013 2013 Z 1)) Fpt 1 o_bien o_bien CC 1

indican indicar VMIP3P0 1 una uno DI0FS0 0.951973 respiración respiración

NCFS000 1 mantenida mantener VMP00SF 1 a a SDfilesmergedinorder-TEI_pos-

fl.txt

395 S0 1 otros otro DI0MP0 0.745978 factores factor NCMP000 1 que que

PROCN00 0.550139 influyen influir VMIP3P0 1 en en SP 1 el el DA0MS0 1

movimiento movimiento NCMS000 1 , , Fc 1 como como SDfilesmergedinorder-

TEI_pos-fl.txt

396 edad NCFS000 1 y y CC 0.999989 el el DA0MS0 1 sexo sexo NCMS000 1
influyen influir VMIP3P0 1 en en SP 1 la el DA0FS0 0.98926 altura altura
NCFS000 1 y y CC 0.999989 SDfilesmergedinorder-TEI_pos-fl.txt

397 0 1 de de SP 0.999961 la el DA0FS0 0.98926 matriz matriz NCFS000 0.638706
, , Fc 1 influyen influir VMIP3P0 1 en en SP 1 el el DA0MS0 1 desempeño
desempeño NCMS000 0.989726 mecánico mecánico AQ0 SDfilesmergedinorder-
TEI_pos-fl.txt

398 NCFP000 1 . . Fp 1 A a SP 0.998775 nivel nivel NCMS000 1 celular celular
AQ0CS00 1 inhiben inhibir VMIP3P0 1 la el DA0FS0 0.98926 apoptosis apoptosis
NCFN000 1 leucocitaria leucocitario AQ0FS00 1 y y SDfilesmergedinorder-
TEI_pos-fl.txt

399 MP0 0.70665 los el DA0MP0 0.992728 estudios estudio NCMP000 1 se se
P00CN00 0.494509 inicia iniciar VMIP3S0 0.98913 la el DA0FS0 0.98926
ortodoncia ortodoncia NCFS000 1 el el DA0MS0 1 mismo mismo
SDfilesmergedinorder-TEI_pos-fl.txt

400 1 los el DA0MP0 0.992728 que que PR0CN00 0.550139 se se P00CN00
0.494509 inicia iniciar VMIP3S0 0.98913 dos 2 Z 0.999868 semanas semana
NCFP000 1 después después RG 1 ((Fpa 1 Bhattacharya bh
SDfilesmergedinorder-TEI_pos-fl.txt

401 CC 0.999989 tras tras SP 1 2 2 Z 1 semanas semana NCFP000 1 se se
P00CN00 0.494509 inicia iniciar VMIP3S0 0.98913 la el DA0FS0 0.98926 carga
carga NCFS000 0.969466 mediante mediante SP 0.99763 elásticos
SDfilesmergedinorder-TEI_pos-fl.txt

402 1 . . Fp 1 La el DA0FS0 0.98926 carga carga NCFS000 0.969466 se se
P00CN00 0.494509 inicia iniciar VMIP3S0 0.98913 a a SP 0.998775 las el DA0FP0
0.988184 2-3 2-3 Z 1 semanas semana NCFP000 1 de de SDfilesmergedinorder-
TEI_pos-fl.txt

403 _de SP 1 el el DA0MS0 1 tercer 3 AO0MS00 1 curso curso NCMS000
0.994505 inician iniciar VMIP3P0 1 sus su DP3CPN 0.999903 prácticas práctica

NCFP000 0.685185 clínicas clínico AQ0FP00 0.614205 y SDfilesmergedinorder-
TEI_pos-fl.txt

404 NCFS000 1 es ser VSIP3S0 1 alta alto AQ0FS00 0.996988 tanto tanto RG
0.806143 intra intra VMIP3S0 0.694187 como como CS 0.967153 interexaminador
interexaminador NCMS000 1 , , Fc 1 independientem SDfilesmergedinorder-
TEI_pos-fl.txt

405 00000 1 et e_t NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 investigan
investigar VMIP3P0 1 la el DA0FS0 0.98926 relación relación NCFS000 1 entre
entre SP 0.980341 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

406 41 los el DA0MP0 0.992728 estudios estudio NCMP000 1 que que PROCN00
0.550139 investigan investigar VMIP3P0 1 la el DA0FS0 0.98926 relación
relación NCFS000 1 entre entre SP 0.980341 MIH mih NP00000 1
SDfilesmergedinorder-TEI_pos-fl.txt

407 inhibición NCFS000 1 de de SP 0.999961 la el DA0FS0 0.98926 MMPs mmps
NP00000 1 juega jugar VMIP3S0 0.954545 un uno DI0MS0 0.99698 papel papel
NCMS000 1 importante importante AQ0CS00 1 en en SDfilesmergedinorder-
TEI_pos-fl.txt

408 e AQ0CP00 0.661231 , , Fc 1 creemos creer VMIP1P0 0.972603 que que CS
0.449861 justifica justificar VMIP3S0 0.98913 el el DA0MS0 1 hecho hecho
NCMS000 0.361738 de de SP 0.999961 realizar realizar VMN0000
SDfilesmergedinorder-TEI_pos-fl.txt

409 , Fc 1 los el DA0MP0 0.992728 autores autor NCMP000 1 lo lo PP3MSA0
0.334764 justifican justificar VMIP3P0 1 explicando explicar VMG0000 1 que que CS
0.449861 , , Fc 1 según según SP 0.768678 las el DA0 SDfilesmergedinorder-
TEI_pos-fl.txt

410 OMP0 0.992728 que que PROCN00 0.550139 no no RN 0.999297 se se
P00CN00 0.494509 levanta levantar VMIP3S0 0.983871 colgajo colgajo
NCMS000 1 se se P00CN00 0.494509 mantienen mantener VMIP3P0 1 estas est
SDfilesmergedinorder-TEI_pos-fl.txt

411 analizar VMP00PM 1 , , Fc 1 lo el DA00S0 0.665165 que que PROCN00
0.550139 limita limitar VMIP3S0 0.97619 su su DP3CSN 1 comparación
comparación NCFS000 1 . . Fp 1 </p> <p> Sería sería NP00000 1

SDfilesmergedinorder-TEI_pos-fl.txt

412 el DA0MS0 1 sueño sueño NCMS000 0.995283 , , Fc 1 ya_que ya_que CS 1
limita limitar VMIP3S0 0.97619 la el DA0FS0 0.98926 exactitud exactitud NCFS000
1 de de SP 1 el el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

413 00 0.661294 , , Fc 1 el el DA0MS0 1 alveolo alveolo NCMS000 1 se se
P00CN00 0.494509 llena llenar VMIP3S0 0.108247 de de SP 0.999961 tejido
tejido NCMS000 0.576253 óseo óseo AQ0MS00 1 regenerativo regen

SDfilesmergedinorder-TEI_pos-fl.txt

414 0CS00 0.932099 . . Fp 1 Aligne aligne NP00000 1 et e_t NCFS000 1 al13 al13
Z 1 logra lograr VMIP3S0 0.98913 establecer establecer VMN0000 1 una uno
DIOFS0 0.951973 relación relación NCFS000 1 posi SDfilesmergedinorder-
TEI_pos-fl.txt

415 Fp 1 , , Fc 1 ((Fpa 1 2011 2011 Z 1)) Fpt 1 , , Fc 1 que que PROCN00
0.550139 mantiene mantener VMIP3S0 1 a a SP 1 el el DA0MS0 1 paciente
paciente NCCS000 0.5 sentado sentar VMP00 SDfilesmergedinorder-TEI_pos-
fl.txt

416 tiempo NCMS000 1 y y CC 0.999989 si si CS 0.999827 se se P00CN00
0.494509 mantiene mantener VMIP3S0 1 la el DA0FS0 0.98926 fuerza fuerza
NCFS000 0.99684 adhesiva adhesivo AQ0FS00 1 o o SDfilesmergedinorder-
TEI_pos-fl.txt

417 vanta levantar VMIP3S0 0.983871 colgajo colgajo NCMS000 1 se se P00CN00
0.494509 mantienen mantener VMIP3P0 1 estas este DD0FP0 0.969897 cifras
cifra NCFP000 0.995868 , , Fc 1 como como CS 0.967153 el el

SDfilesmergedinorder-TEI_pos-fl.txt

418 espesor NCMS000 1 de de SP 0.999961 hueso hueso NCMS000 1 se se
P00CN00 0.494509 mantienen mantener VMIP3P0 1 estables estable AQ0CP00 1

desde desde SP 1 los el DA0MP0 0.992728 15 15 Z 1 hasta

SDfilesmergedinorder-TEI_pos-fl.txt

419 DA0MS0 1 operador operador NCMS000 0.980769 de de SP 0.999961 la el
DA0FS0 0.98926 maquina maquina VMIP3S0 0.989227 y y CC 0.999989
calibración calibración NCFS000 1 de de SP 0.999961 la el DA0FS0 0.9892

SDfilesmergedinorder-TEI_pos-fl.txt

420 0.999989 calibración calibración NCFS000 1 de de SP 0.999961 la el DA0FS0
0.98926 maquina maquina VMIP3S0 0.989227 universal universal AQ0CS00
0.98913 de de SP 0.999961 pruebas prueba NCFP000 0.997881 ,

SDfilesmergedinorder-TEI_pos-fl.txt

421 1 , , Fc 1 la el DA0FS0 0.98926 combinación combinación NCFS000 1 no no
RN 0.999297 mejora mejorar VMIP3S0 0.0541872 los el DA0MP0 0.992728
resultados resultado NCMP000 0.998596 respecto_a respecto_a SP

SDfilesmergedinorder-TEI_pos-fl.txt

422 0.421325 actualmente actualmente RG 1 en en SP 1 uso uso NCMS000
0.998047 , , Fc 1 mejoran mejorar VMIP3P0 1 su su DP3CSN 1 capacidad capacidad
NCFS000 1 para para SP 0.999834 tolerar tolerar VMN0000 1

SDfilesmergedinorder-TEI_pos-fl.txt

423 VMP00PF 1 en en SP 1 la el DA0FS0 0.98926 literatura literatura NCFS000 1
miden medir VMIP3P0 1 su su DP3CSN 1 posición posición NCFS000 1 respecto_a
respecto_a SP 1 la SDfilesmergedinorder-TEI_pos-fl.txt

424 alidad calidad NCFS000 1 metodológica metodológico AQ0FS00 1 entre entre
SP 0.980341 modera moderar VMIP3S0 0.989241 y y CC 0.999989 alta alto
AQ0FS00 0.996988 y y CC 0.999989 un uno DI0 SDfilesmergedinorder-TEI_pos-
fl.txt

425 1 , , Fc 1 a a SP 0.998775 nivel nivel NCMS000 1 molecular molecular
AQ0CS00 1 modifican modificar VMIP3P0 1 la el DA0FS0 0.98926 expresión
expresión NCFS000 1 genética genético AQ0FS00 0.847222 de de

SDfilesmergedinorder-TEI_pos-fl.txt

426 to constructo NCMS000 1 , , Fc 1 el el DA0MS0 1 cuestionario cuestionario
NCMS000 1 muestra mostrar VMIP3S0 0.598234 una uno DI0FS0 0.951973
estructura estructura NCFS000 0.954373 bifactorial bifactorial

SDfilesmergedinorder-TEI_pos-fl.txt

427 Fc 1 la el DA0FS0 0.98926 línea línea NCFS000 0.998366 media medio
AQ0FS00 0.870567 muestra mostrar VMIP3S0 0.598234 el el DA0MS0 1
porcentaje porcentaje NCMS000 1 de de SP 0.999961 estabilidad estabilida

SDfilesmergedinorder-TEI_pos-fl.txt

428 s estudio NCMP000 1 epidemiológicos epidemiológico AQ0MP00 1 se se
P00CN00 0.494509 muestra mostrar VMIP3S0 0.598234 como como CS
0.967153 una uno DI0FS0 0.951973 variable variable NCFS000 0.338706 signif

SDfilesmergedinorder-TEI_pos-fl.txt

429 P 0.999961 la el DA0FS0 0.98926 Comunidad_Valenciana
comunidad_valenciana NP00000 1 muestra mostrar VMIP3S0 0.598234 que que
CS 0.449861 la el DA0FS0 0.98926 enfermedad enfermedad NCFS000 1 periodontal pe

SDfilesmergedinorder-TEI_pos-fl.txt

430 con SP 1 enfermedad enfermedad NCFS000 1 periodontal periodontal
AQ0CS00 1 , , Fc 1 muestra mostrar VMIP3S0 0.598234 una uno DI0FS0
0.951973 concentración concentración NCFS000 1 de de SP 0.999961 8-OHdG

SDfilesmergedinorder-TEI_pos-fl.txt

431 yos ensayo NCMP000 1 incluidos incluir VMP00PM 1 , , Fc 1 que que
PR0CN00 0.550139 muestran mostrar VMIP3P0 1 una uno DI0FS0 0.951973
calidad calidad NCFS000 1 metodológica metodológico AQ0FS00 1 moderada

SDfilesmergedinorder-TEI_pos-fl.txt

432 VSIP3S0 1 corto corto AQ0MS00 0.883495 y y CC 0.999989 no no RN
0.999297 muestran mostrar VMIP3P0 1 efectos efecto NCMP000 1 adversos adverso
AQ0MP00 1 a a SP 0.998775 medio medio AQ0 SDfilesmergedinorder-TEI_pos-

fl.txt

433 1 DA0FS0 0.98926 anchura anchura NCFS000 1 de de SP 0.999961 hueso
hueso NCMS000 1 muestran mostrar VMIP3P0 1 una uno DI0FS0 0.951973

fuerte fuerte AQ0CS00 0.969986 correlación correlación NCFS000 1 . . F

SDfilesmergedinorder-TEI_pos-fl.txt

434 de SP 0.999961 nuestro nuestro DP1MSP 0.957064 metaanálisis metaanálisis
NCMN000 1 muestran mostrar VMIP3P0 1 que que CS 0.449861 el el DA0MS0 1
riesgo riesgo NCMS000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-
fl.txt

435 y CC 0.999989 máscara máscara NCFS000 1 facial facial AQ0CS00 1 no no
RN 0.999297 muestran mostrar VMIP3P0 1 diferencias diferencia NCFP000
0.996454 en en SP 1 resalte resalte NCMS000 0.6963 , , Fc 1 ANB

SDfilesmergedinorder-TEI_pos-fl.txt

436 wits NP00000 1 y y CC 0.999989 SNA sna NP00000 1 sí sí PP3CNOO
0.336127 muestran mostrar VMIP3P0 1 una uno DI0FS0 0.951973 ligera ligero
AQ0FS00 1 mejoría mejoría NCFS000 1 aunque aunque SDfilesmergedinorder-
TEI_pos-fl.txt

437 _t NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 2013 2013 Z 1 muestran
mostrar VMIP3P0 1 diferencias diferencia NCFP000 0.996454 significativas
significativo AQ0FP00 1 en en SP 1 el e SDfilesmergedinorder-TEI_pos-fl.txt

438 00 1 de de SP 0.999961 este este DD0MS0 0.949201 metanálisis metanálisis
NCMN000 1 muestran mostrar VMIP3P0 1 que que CS 0.449861 los el DA0MP0
0.992728 materiales material NCMP000 0.890625 a_base_de

SDfilesmergedinorder-TEI_pos-fl.txt

439 , Fc 1 aunque aunque CC 1 algunos alguno DI0MP0 0.60333 estudios estudio
NCMP000 1 muestran mostrar VMIP3P0 1 que que CS 0.449861 la el DA0FS0
0.98926 validez validez NCFS000 1 externa externo AQ0 SDfilesmergedinorder-
TEI_pos-fl.txt

440 0000 1 todos todo DI0MP0 0.70665 los el DA0MP0 0.992728 trabajos trabajo
NCMP000 1 muestran mostrar VMIP3P0 1 sus su DP3CPN 0.999903 resultados
resultado NCMP000 0.998596 con con SP 1 el el DA0 SDfilesmergedinorder-
TEI_pos-fl.txt

441 ajo bajo SP 0.909179 nivel nivel NCMS000 1 socioeconómico socioeconómico
AQOMS00 1 muestran mostrar VMIP3P0 1 niveles nivel NCMP000 0.987805 de
de SP 0.999961 caries caries NCFN000 0.698105 significativam

SDfilesmergedinorder-TEI_pos-fl.txt

442 es longitudinal AQ0CP00 1 presentes presente AQ0CP00 0.856209 también
también RG 1 muestran mostrar VMIP3P0 1 dicha decir VMP00SF 0.819767
asociación asociación NCFN000 1 . . Fp 1 Son ser VSIP3P0 0.99496

SDfilesmergedinorder-TEI_pos-fl.txt

443 de SP 0.999961 nuestro nuestro DP1MSP 0.957064 metaanálisis metaanálisis
NCMN000 1 muestran mostrar VMIP3P0 1 cambios cambio NCMP000 1
estadísticamente estadísticamente RG 1 significativos significativo A

SDfilesmergedinorder-TEI_pos-fl.txt

444 A0MP0 0.992728 analizados analizar VMP00PM 1 que que CS 0.449861 no no
RN 0.999297 muestran mostrar VMIP3P0 1 resultados resultado NCMP000
0.998596 estadísticamente estadísticamente RG 1 significativos si

SDfilesmergedinorder-TEI_pos-fl.txt

445 nino canino NCMS000 0.338818 experimental experimental AQ0CS00 1 se se
P00CN00 0.494509 mueve mover VMIP3S0 0.822581 con con SP 1 la el DA0FS0
0.98926 mayor mayor AQ0CS00 0.9995 velocidad velocidad

SDfilesmergedinorder-TEI_pos-fl.txt

446 diente NCMS000 0.926283 en en SP 1 cuestión cuestión NCFN000 1 se se
P00CN00 0.494509 mueve mover VMIP3S0 0.822581 alrededor_de alrededor_de SP
1 2 2 Z 1 veces vez NCFP000 1 más más RG 0.99993 rápido

SDfilesmergedinorder-TEI_pos-fl.txt

447 8 niños niño NCMP000 0.998721 afectos afecto AQ0MP00 0.368282 MIH mih
NP00000 1 necesitan necesitar VMIP3P0 1 más más RG 0.99993 tratamiento
tratamiento NCMS000 1 dental dental AQ0CS00 0.661294 que que CS

SDfilesmergedinorder-TEI_pos-fl.txt

448 el DA0MP0 0.992728 adhesivos adhesivo NCMP000 0.388727 que que
PR0CN00 0.550139 necesitan necesitar VMIP3P0 1 un uno DI0MS0 0.99698

grabado grabado NCMS000 0.5 previo previo AQ0MS00 0.983871 y y

SDfilesmergedinorder-TEI_pos-fl.txt

449 incluso RG 0.998488 iniciar iniciar VMN0000 1 se se PP3CN00 1 de de SP 0.999961 novo novar VMIP1S0 1 tras tras SP 1 la el DA0FS0 0.98926 manipulación manipulación NCFS000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-fl.txt

450 en SP 1 la el DA0FS0 0.98926 ATM atm NP00000 1 de de SP 0.999961 novo novar VMIP1S0 1 . . Fp 1 [[Fca 1 9 9 Z 1]] Fct 1 expusieron exponer VMIS3P0 1 en en SP 1 un uno SDfilesmergedinorder-TEI_pos-fl.txt

451 logía odontología NCFS000 1 presentan presentar VMIP3P0 1 mayor mayor AQ0CS00 0.9995 numero numerar VMIP1S0 1 de de SP 0.999961 estudiantes estudiante NCCP000 0.996183 con con SP 1 síndrome síndrome NCMS0

SDfilesmergedinorder-TEI_pos-fl.txt

452 1 todos todo DI0MP0 0.70665 ellos ellos PP3MP00 1 se se P00CN00 0.494509 observa observar VMIP3S0 0.989241 que que CS 0.449861 el el DA0MS0 1 movimiento movimiento NCMS000 1 siempre siempre RG 1

SDfilesmergedinorder-TEI_pos-fl.txt

453 SP 1 cada cada DI0CS0 1 grupo grupo NCMS000 1 se se P00CN00 0.494509 observa observar VMIP3S0 0.989241 como como CS 0.967153 las el DA0FP0 0.988184 valoraciones valoración NCFP000 1 de de SP SDfilesmergedinorder-TEI_pos-fl.txt

454 1 2010 2010 Z 1)) Fpt 1 . . Fp 1 </p> <p> No no NP00000 1 se se P00CN00 0.494509 observa observar VMIP3S0 0.989241 el el DA0MS0 1 mismo mismo AQ0MS00 0.802208 consenso consenso NCMS000 1 en_cuanto_

SDfilesmergedinorder-TEI_pos-fl.txt

455 e AQ0CS00 0.524254 estudio estudio NCMS000 0.97043 , , Fc 1 se se P00CN00 0.494509 observa observar VMIP3S0 0.989241 un uno DI0MS0 0.99698 menor menor AQ0CS00 0.977178 impacto impacto NCMS000 0.992958 psi

SDfilesmergedinorder-TEI_pos-fl.txt

456 presente AQ0CS00 0.524254 trabajo trabajo NCMS000 0.975768 se se
P00CN00 0.494509 observa observar VMIP3S0 0.989241 una uno DIOFS0
0.951973 correlación correlación NCFS000 1 negativa negativo AQ0FS00 0.5
SDfilesmergedinorder-TEI_pos-fl.txt

457 nario cuestionario NCMS000 1 PIDAQ pidaq NP00000 1 , , Fc 1 se se
P00CN00 0.494509 observa observar VMIP3S0 0.989241 una uno DIOFS0
0.951973 correlación correlación NCFS000 1 positiva positivo AQ0FS00 1 ,
SDfilesmergedinorder-TEI_pos-fl.txt

458 1 el el DA0MS0 1 sexo sexo NCMS000 1 , , Fc 1 se se P00CN00 0.494509
observa observar VMIP3S0 0.989241 que que CS 0.449861 los el DA0MP0
0.992728 hombres hombre NCMP000 1 tienen tener VMIP3
SDfilesmergedinorder-TEI_pos-fl.txt

459 p 1 Este este DD0MS0 0.949201 hecho hecho NCMS000 0.361738 se se
P00CN00 0.494509 observa observar VMIP3S0 0.989241 en en SP 1 los el
DA0MP0 0.992728 datos dato NCMP000 1 obtenidos obtener VMP00
SDfilesmergedinorder-TEI_pos-fl.txt

460 er VMP00PM 1 artificialmente artificialmente RG 1 . . Fp 1 Se se P00CN00
0.494509 observa observar VMIP3S0 0.989241 un uno DI0MS0 0.99698 aumento
aumento NCMS000 0.998188 de de SP 0.999961 6.2 6.2 Z 1 MP
SDfilesmergedinorder-TEI_pos-fl.txt

461 0 1 a a SP 0.998775 largo largo AQ0MS00 0.990132 plazo plazo NCMS000 1 ,
, Fc 1 observamos observar VMIP1P0 0.65 que que CS 0.449861 no no RN 0.999297
hubo haber VMIS3S0 0.0233051 diferencias diferencia N SDfilesmergedinorder-
TEI_pos-fl.txt

462 esto nuestro DP1MSP 0.957064 estudio estudio NCMS000 0.97043 no no RN
0.999297 observamos observar VMIP1P0 0.65 diferencias diferencia NCFP000
0.996454 estadísticamente estadísticamente RG 1 significativ
SDfilesmergedinorder-TEI_pos-fl.txt

463 ol_s NCFS000 1 . . Fp 1 , , Fc 1 2001 2001 Z 1)) Fpt 1 que que PROCN00
0.550139 observan observar VMIP3P0 1 la el DA0FS0 0.98926 tendencia tendencia
NCFS000 1 de de SP 0.999961 los el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

464 94 , , Fc 1 varios varios DI0MP0 0.9139 autores autor NCMP000 1 no no RN
0.999297 observan observar VMIP3P0 1 una uno DI0FS0 0.951973 mayor mayor
AQ0CS00 0.9995 estabilidad estabilidad NCFS000 1 en en
SDfilesmergedinorder-TEI_pos-fl.txt

465 1 el el DA0MS0 1 . . Fp 1 en en SP 1 2006 2006 Z 1 también también RG 1
observan observar VMIP3P0 1 que que CS 0.449861 en en SP 1 un uno DI0MS0
0.99698 grupo grupo NCMS000 1 SDfilesmergedinorder-TEI_pos-fl.txt

466 tro nuestro DP1MSP 0.957064 estudio estudio NCMS000 0.97043 se se
P00CN00 0.494509 observo observar VMIP1S0 1 una uno DI0FS0 0.951973
media medio AQ0FS00 0.870567 4 4 Z 1 dientes diente NCMP000 0.992424 a
SDfilesmergedinorder-TEI_pos-fl.txt

467 0.999961 los el DA0MP0 0.992728 artículos artículo NCMP000 1 se se
P00CN00 0.494509 obtiene obtener VMIP3S0 1 en en SP 1 2D 2D Z 1 con con SP 1
las el DA0FP0 0.988184 SDfilesmergedinorder-TEI_pos-fl.txt

468 icrotensil microtensil NCMS000 1 , , Fc 1 el el DA0MS0 1 cual cual PROCN00
0.930743 obtiene obtener VMIP3S0 1 una uno DI0FS0 0.951973 serie serie
NCFS000 0.993392 de de SP 0.999961 bastones bastón NCMP000
SDfilesmergedinorder-TEI_pos-fl.txt

469 1 el el DA0MS0 1 . . Fp 1 Ambos ambos DI0MP0 0.526261 trabajos trabajo
NCMP000 1 obtienen obtener VMIP3P0 1 resultados resultado NCMP000
0.998596 similares similar AQ0CP00 1 , , Fc 1 demostrando demostr
SDfilesmergedinorder-TEI_pos-fl.txt

470 SP 1 el el DA0MS0 1 ángulo ángulo NCMS000 1 FMA fma NP00000 1 . . Fp
1 Obtienen obtener VMIP3P0 1 como como CS 0.967153 resultado resultado
NCMS000 0.924877 que que PROCN00 0.550139 existe exi
SDfilesmergedinorder-TEI_pos-fl.txt

471 interfaz interfaz NCCS000 1 adhesiva adhesivo AQ0FS00 1 que que PROCN00
0.550139 ocasiona ocasionar VMIP3S0 0.989241 el el DA0MS0 1 fallo fallo
NCMS000 0.985294 de de SP 1 el el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

472 ciencia NCFS000 1 muy muy RG 1 prolongados prolongar VMP00PM 1 como
como CS 0.967153 ocurre ocurrir VMIP3S0 0.995495 en en SP 1 los el DA0MP0
0.992728 pacientes paciente NCCP000 0.992958 de de SP 0.999961
SDfilesmergedinorder-TEI_pos-fl.txt

473 AQ0CS00 0.959459 . . Fp 1 </p> <p> Lo lo NP00000 1 mismo mismo
AQ0MS00 0.802208 ocurre ocurrir VMIP3S0 0.995495 con con SP 1 la el DA0FS0
0.98926 HSPM hspm NP00000 1 , , Fc 1 en en SDfilesmergedinorder-TEI_pos-
fl.txt

474 SP 1 el el DA0MS0 1 mismo mismo AQ0MS00 0.802208 modo modo
NCMS000 1 ocurre ocurrir VMIP3S0 0.995495 con con SP 1 la el DA0FS0 0.98926
valoración valoración NCFS000 1 de de SP 1 SDfilesmergedinorder-TEI_pos-
fl.txt

475 0 0.988184 citoquinas citoquina NCFP000 1 , , Fc 1 a_el_igual_que
al_igual_que CS 1 ocurre ocurrir VMIP3S0 0.995495 con con SP 1 la el DA0FS0
0.98926 diabetes diabetes NCFN000 1 puede poder VMIP3
SDfilesmergedinorder-TEI_pos-fl.txt

476 00 0.97619 , , Fc 1 a_pesar_de a_pesar_de SP 1 que que PROCN00 0.550139
ofrece ofrecer VMIP3S0 0.99505 ventajas ventaja NCFP000 1 derivadas derivar
VMP00PF 0.623747 de de SP 0.999961 la el DA SDfilesmergedinorder-TEI_pos-
fl.txt

477 0.9995 nivel nivel NCMS000 1 de de SP 0.999961 evidencia evidencia
NCFS000 0.614458 ofrecen ofrecer VMIP3P0 1 los el DA0MP0 0.992728 estudios
estudio NCMP000 1 de de SP 0.999961 [[Fca 1 1,2,13,17,18 1,2
SDfilesmergedinorder-TEI_pos-fl.txt

478 ndo cuando CS 0.86298 esa ese DD0FS0 0.964505 diferencia diferencia
NCFS000 0.879908 oscila oscilar VMIP3S0 0.980769 entre entre SP 0.980341 ± ±

Fz 1 5 5 Z 1 puntos punto NCMP000 1 ((Fpa 1 68,6_% 68.6/1

SDfilesmergedinorder-TEI_pos-fl.txt

479 o NCMS000 1 de de SP 0.999961 confianza confianza NCFS000 1 que que
PR0CN00 0.550139 oscila oscilar VMIP3S0 0.980769 entre entre SP 0.980341 1,12
1.12 Z 1 y y CC 0.999989 2,98 2.98 Z 1 ng n_g NCFS000 1 /

SDfilesmergedinorder-TEI_pos-fl.txt

480 000 1 a a SP 1 el el DA0MS0 1 95_% 95/100 Zp 1 que que PR0CN00 0.550139
oscila oscilar VMIP3S0 0.980769 entre entre SP 0.980341 entre entre SP 0.980341
1,12 1.12 Z 1 y y CC 0.999989 2,98 2.98 SDfilesmergedinorder-TEI_pos-fl.txt

481 rmente particularmente RG 1 aquellos aquel DD0MP0 0.593168 que que
PR0CN00 0.550139 oscilan oscilar VMIP3P0 1 por por SP 1 un uno DI0MS0 0.99698
rango rango NCMS000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-
fl.txt

482 de SP 0.999961 polimerización polimerización NCFS000 1 por por SP 1 el el
DA0MS0 1 oxígeno oxigenar VMIP1S0 1 disuelto disolver VMP00SM 1 en en
SP 1 agua agua NCCS000 0.997446 , , Fc 1 debido_a SDfilesmergedinorder-
TEI_pos-fl.txt

483 personas persona NCFP000 0.999585 que que PR0CN00 0.550139 realmente
realmente RG 1 padecen padecer VMIP3P0 1 burnout burnout NCMS000 1 y y CC
0.999989 que que CS 0.449861 los el DA0MP0 0.992728 SDfilesmergedinorder-
TEI_pos-fl.txt

484 SP 1 este este DD0MS0 0.949201 evento evento NCMS000 1 . . Fp 1 No no
RN 0.999263 parece parecer VMIP3S0 0.999002 que que CS 0.449861 el el DA0MS0
1 mayor mayor AQ0CS00 0.9995 o o SDfilesmergedinorder-TEI_pos-fl.txt

485 ,14,19,22,23,25,27,28 Z 1]] Fct 1 , , Fc 1 aunque aunque CC 1 también
también RG 1 parece parecer VMIP3S0 0.999002 que que CS 0.449861 el el
DA0MS0 1 no no RN 0.999297 conseguir conseguir VMN0000 1

SDfilesmergedinorder-TEI_pos-fl.txt

486 ((Fpa 1 2013 2013 Z 1)) Fpt 1 . . Fp 1 Por_lo_tanto por_lo_tanto RG 1 , , Fc
1 parece parecer VMIP3S0 0.999002 que que CS 0.449861 el el DA0MS0 1

aumento aumento NCMS000 0.998188 en en SP 1 SDfilesmergedinorder-TEI_pos-fl.txt

487 en SP 1 la el DA0FS0 0.98926 velocidad velocidad NCFS000 1 no no RN 0.999297 parece parecer VMIP3S0 0.999002 estar estar VMN0000 0.999154 influenciado influenciar VMP00SM 1 por por SP 1 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

488 tabáquico AQ0MS00 1 . . Fp 1 Por_lo_tanto por_lo_tanto RG 1 , , Fc 1 parece parecer VMIP3S0 0.999002 evidente evidente AQ0CS00 1 la el DA0FS0 0.98926 existencia existencia NCFS000 1 de de SDfilesmergedinorder-TEI_pos-fl.txt

489 y CC 0.987994 I._Sat i._sat NP00000 1)) Fpt 1 , , Fc 1 no no RN 0.999297 parece parecer VMIP3S0 0.999002 proceder proceder VMN0000 0.865854 de de SP 0.999961 un uno DI0MS0 0.99698 artículo art SDfilesmergedinorder-TEI_pos-fl.txt

490 de SP 1 el el DA0MS0 1 maxilar maxilar NCMS000 0.33876 y y CC 0.999989 parecen parecer VMIP3P0 1 reducir reducir VMN0000 1 se se PP3CN00 1 algunos alguno DI0MP0 0.60333 efectos efecto SDfilesmergedinorder-TEI_pos-fl.txt

491 aumenta aumentar VMIP3S0 0.98913 , , Fc 1 y y CC 0.999989 conforme conforme RG 0.0988037 pasa pasar VMIP3S0 0.991758 el el DA0MS0 1 tiempo tiempo NCMS000 1 va ir VMIP3S0 1 decayendo decaer SDfilesmergedinorder-TEI_pos-fl.txt

492 d NCFS000 1 pero pero CC 0.999902 los el DA0MP0 0.992728 molares molar NCMP000 0.339769 pasan pasar VMIP3P0 1 desapercibidos desapercibido AQ0MP00 1 para para SP 0.999834 el el DA0MS0 1 paciente paciente SDfilesmergedinorder-TEI_pos-fl.txt

493 000 1 y y CC 0.999989 la el DA0FS0 0.98926 caries caries NCFN000 0.698105 . . Fp 1 Pensamos pensar VMIP1P0 0.65 que que CS 0.449861 los el DA0MP0 0.992728 estudios estudio NCMP000 1 que que PR0 SDfilesmergedinorder-TEI_pos-fl.txt

494 0.999961 deformación deformación NCFS000 1 plástica plástico AQ0FS00

0.618364 permanece permanecer VMIP3S0 0.980769 concentrada concentrar

VMP00SF 1 alrededor_de alrededor_de SP 1 una uno DI0FS0 0.951973

SDfilesmergedinorder-TEI_pos-fl.txt

495 universidad NCFP000 1 españolas español AQ0FP00 0.995157 nos nos

PP1CP00 0.810258 permite permitir VMIP3S0 0.997312 extrapolar extrapolar

VMN0000 1 los el DA0MP0 0.992728 resultados resultado NCMP000 0.9

SDfilesmergedinorder-TEI_pos-fl.txt

496 de SP 0.999961 los el DA0MP0 0.992728 estudios estudio NCMP000 1 no no

RN 0.999297 permite permitir VMIP3S0 0.997312 hacer hacer VMN0000 1 un

uno DI0MS0 0.99698 metaanálisis metaanálisis NCMN000 1 en en S

SDfilesmergedinorder-TEI_pos-fl.txt

497 estudio NCMS000 0.97043 , , Fc 1 que que PROCN00 0.550139 nos nos

PP1CP00 0.810258 permite permitir VMIP3S0 0.997312 extrapolar extrapolar

VMN0000 1 los el DA0MP0 0.992728 resultados resultado NCMP000 0.9

SDfilesmergedinorder-TEI_pos-fl.txt

498 1 El el DA0MS0 1 código código NCMS000 1 ICDAS_II icdas_ii NP00000 1

permite permitir VMIP3S0 0.997312 codificar codificar VMN0000 1 los el

DA0MP0 0.992728 estadios estadio NCMP000 1 inicial SDfilesmergedinorder-

TEI_pos-fl.txt

499 .999864 nula13,18,21 nula13,18,21 Z 1 , , Fc 1 esto este PD00S00 1 le le

PP3CSD0 1 permite permitir VMIP3S0 0.997312 cierta cierto DI0FS0 0.774725

deformación deformación NCFS000 1 plástica plástico AQ0FS

SDfilesmergedinorder-TEI_pos-fl.txt

500 rígido AQ0FS00 1 , , Fc 1 esto este PD00S00 1 les le PP3CPD0 1 permite

permitir VMIP3S0 0.997312 absorber absorber VMN0000 1 solo solo RG

0.210162 el el DA0MS0 1 0,8_% 0.8/100 Zp 1 de SDfilesmergedinorder-TEI_pos-

fl.txt

501 716814 , , Fc 1 a_través_de a_través_de SP 1 cartuchos cartucho NCMP000 1 ,

, Fc 1 permite permitir VMIP3S0 0.997312 controlar controlar VMN0000 1 las el

DA0FP0 0.988184 proporciones proporción NCFP000 0. SDfilesmergedinorder-TEI_pos-fl.txt

502 exión flexión NCFS000 1 , , Fc 1 el el DA0MS0 1 refuerzo refuerzo NCMS000 0.989726 permite permitir VMIP3S0 0.997312 cambiar cambiar VMN0000 1 el el DA0MS0 1 patrón patrón NCMS000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-fl.txt

503 a mayoría NCFS000 1 de de SP 0.999961 estudios estudio NCMP000 1 no no RN 0.999297 permite permitir VMIP3S0 0.997312 confirmar confirmar VMN0000 1 una uno DI0FS0 0.951973 posible posible AQ0CS00 1 etiolog SDfilesmergedinorder-TEI_pos-fl.txt

504 e de SP 0.999961 microdureza microdureza NCFS000 1 Knoop knoop NP00000 1 , , Fc 1 permiten permitir VMIP3P0 1 la el DA0FS0 0.98926 recuperación recuperación NCFS000 1 elástica elástico AQ0FS00 1 de de SDfilesmergedinorder-TEI_pos-fl.txt

505 000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 2013 2013 Z 1)) Fpt 1 pide pedir VMIP3S0 0.997449 a a SP 1 el el DA0MS0 1 paciente paciente NCCS000 0.5 que que PR0 SDfilesmergedinorder-TEI_pos-fl.txt

506 limitación NCFP000 1 de de SP 1 el el DA0MS0 1 estudio estudio NCMS000 0.97043 podemos poder VMIP1P0 0.994638 destacar destacar VMN0000 1 que que CS 0.449861 aunque aunque CC 1 el el DA0MS0 1 SDfilesmergedinorder-TEI_pos-fl.txt

507 1973 rápida rápido AQ0FS00 1 respuesta respuesta NCFS000 1 , , Fc 1 no no RN 0.999297 podemos poder VMIP1P0 0.994638 obviar obviar VMN0000 1 la el DA0FS0 0.98926 existencia existencia NCFS000 1 de de SP 0 SDfilesmergedinorder-TEI_pos-fl.txt

508 io estudio NCMS000 0.97043 transversal transversal AQ0CS00 0.661294 no no RN 0.999297 podemos poder VMIP1P0 0.994638 establecer establecer VMN0000 1 relaciones relación NCFP000 0.998155 causa causa NCFS00 SDfilesmergedinorder-TEI_pos-fl.txt

509 0.996183 de de SP 0.999961 medicina medicina NCFS000 0.962264 sí sí
PP3CNO0 0.336127 podemos poder VMIP1P0 0.994638 considerar considerar
VMN0000 1 que que CS 0.449861 los el DA0MP0 0.992728 estudiantes
SDfilesmergedinorder-TEI_pos-fl.txt

510 SP 1 la el DA0FS0 0.98926 población población NCFS000 1 . . Fp 1 Aunque
aunque CC 1 podemos poder VMIP1P0 0.994638 destacar destacar VMN0000 1
que que CS 0.449861 la el DA0FS0 0.98926 presencia presenci
SDfilesmergedinorder-TEI_pos-fl.txt

511 limitación NCFP000 1 de de SP 1 el el DA0MS0 1 estudio estudio NCMS000
0.97043 podemos poder VMIP1P0 0.994638 destacar destacar VMN0000 1 el el
DA0MS0 1 tamaño tamaño NCMS000 0.993827 muestral mues
SDfilesmergedinorder-TEI_pos-fl.txt

512 de SP 1 el el DA0MS0 1 índice índice NCMS000 1 PAR par NP00000 1
podemos poder VMIP1P0 0.994638 considerar considerar VMN0000 1 la lo
PP3FSA0 1 alta alto AQ0FS00 0.996988 , , Fc 1 pue SDfilesmergedinorder-
TEI_pos-fl.txt

513 NCFP000 1 de de SP 1 el el DA0MS0 1 estudio estudio NCMS000 0.97043 , ,
Fc 1 podemos poder VMIP1P0 0.994638 destacar destacar VMN0000 1 en en SP 1
primer 1 AO0MS00 1 lugar lugar NCMS000 1 la SDfilesmergedinorder-TEI_pos-
fl.txt

514 0 1 uno uno PI0MS00 0.981709 de de SP 0.999961 ellos ellos PP3MP00 1 . . Fp
1 Podemos poder VMIP1P0 0.994638 observar observar VMN0000 1 que que CS
0.449861 en en SP 1 ICDAS icdas NP00000 1 0 0 Z SDfilesmergedinorder-
TEI_pos-fl.txt

515 00 1 ((Fpa 1 0.85 0.85 Z 1)) Fpt 1 . . Fp 1 Por por SP 1 tanto tanto RG
0.806143 podemos poder VMIP1P0 0.994638 atribuir atribuir VMN0000 1 a a SP 1
el el DA0MS0 1 criterio criterio NCMS000 1 SDfilesmergedinorder-TEI_pos-
fl.txt

516)) Fpt 1 . . Fp 1 </p> <p> En en NP00000 1 conclusión conclusión NCFS000 1
, , Fc 1 podemos poder VMIP1P0 0.994638 afirmar afirmar VMN0000 1 que que

CS 0.449861 este este DD0MS0 0.949201 estudio estudio SDfilesmergedinorder-
TEI_pos-fl.txt

517 98926 dosis dosis NCFN000 1 de de SP 0.999961 radiación radiación NCFS000
1 . . Fp 1 Podemos poder VMIP1P0 0.994638 obtener obtener VMN0000 1 una uno
DIOFS0 0.951973 imagen imagen NCFS000 1 de de SP 0.99

SDfilesmergedinorder-TEI_pos-fl.txt

518 metodológico AQ0FP00 1 anteriormente anteriormente RG 1 descritas describir
VMP00PF 1 podemos poder VMIP1P0 0.994638 afirmar afirmar VMN0000 1 que que
CS 0.449861 existe existir VMIP3S0 0.997925 una uno D SDfilesmergedinorder-
TEI_pos-fl.txt

519 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2013 2013 Z 1)) Fpt 1
pone poner VMIP3S0 1 en en SP 1 evidencia evidencia NCFS000 0.614458 que que
CS 0.449861 las el DA0FP0 0.988184 SDfilesmergedinorder-TEI_pos-fl.txt

520 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 2009 2009 Z 1)) Fpt 1
pone poner VMIP3S0 1 en en SP 1 evidencia evidencia NCFS000 0.614458 la el
DA0FS0 0.98926 falta falta NCFS000 0.809 SDfilesmergedinorder-TEI_pos-
fl.txt

521 DA0MP0 0.992728 autores autor NCMP000 1 no no RN 0.999297 se se
P00CN00 0.494509 ponen poner VMIP3P0 1 de de SP 0.999961 acuerdo acuerdo
NCMS000 0.999311 . . Fp 1 Ahn ahn NP00000 1 et e_t SDfilesmergedinorder-
TEI_pos-fl.txt

522 00 1 , , Fc 1 los el DA0MP0 0.992728 dimetacrilatos dimetacrilatos NCMP000
1 , , Fc 1 poseen poseer VMIP3P0 1 una uno DIOFS0 0.951973 estructura
estructura NCFS000 0.954373 central central AQ0CS00 0.72160

SDfilesmergedinorder-TEI_pos-fl.txt

523 remento NCMS000 0.998084 tan tan RG 1 importante importante AQ0CS00 1
en en SP 1 practica practicar VMIP3S0 0.980769 clínica clínica NCFS000 0.847222
que que PROCN00 0.550139 se se P00CN00 0.494509 produc

SDfilesmergedinorder-TEI_pos-fl.txt

524 dad igualdad NCFS000 1 de de SP 0.999961 carga carga NCFS000 0.969466 en en SP 1 practica practicar VMIP3S0 0.980769 clínica clínica NCFS000 0.847222 se se P00CN00 0.494509 explicaría explicar VMIC3S0 0.6 SDfilesmergedinorder-TEI_pos-fl.txt

525 3 rápido rápido AQ0MS00 0.811659 cuando cuando CS 0.86298 se se P00CN00 0.494509 practica practicar VMIP3S0 0.980769 la el DA0FS0 0.98926 corticotomía corticotomía NCFS000 1 . . Fp 1 Incluso incluso RG 0 SDfilesmergedinorder-TEI_pos-fl.txt

526 estesia anestesia NCFS000 0.874645 general general AQ0CS00 0.826212 , , Fc 1 predispone predisponer VMIP3S0 1 a a SP 0.998775 la el DA0FS0 0.98926 luxación luxación NCFS000 1 articular articular AQ0 SDfilesmergedinorder-TEI_pos-fl.txt

527 0.999961 hipomineralización hipo_mineralización NCMS000 1 no no RN 0.999297 predispone predisponer VMIP3S0 1 a a SP 0.998775 la el DA0FS0 0.98926 caries caries NCFN000 0.698105 en en SP 1 SDfilesmergedinorder-TEI_pos-fl.txt

528 00000 1 , , Fc 1 en en SP 1 la el DA0FS0 0.98926 que que PROCN00 0.550139 predomina predominar VMIP3S0 0.989217 el el DA0MS0 1 grado grado NCMS000 0.994792 de de SP 0.999961 afectación afectación NCF SDfilesmergedinorder-TEI_pos-fl.txt

529 ico AQ0FS00 1 . . Fp 1 Otros otro DI0MP0 0.745978 muchos mucho PI0MP00 0.336006 prefieren preferir VMIP3P0 1 la el DA0FS0 0.98926 utilización utilización NCFS000 1 de de SP 0.999961 varios varios DI0 SDfilesmergedinorder-TEI_pos-fl.txt

530 CS 1 ninguna ninguno PI0FS00 0.170608 de de SP 0.999961 ellas ellos PP3FP00 1 presenta presentar VMIP3S0 0.995868 una uno DI0FS0 0.951973 mordida morder VMP00SF 1 abierta abrir VMP00SF 1 o SDfilesmergedinorder-TEI_pos-fl.txt

531 0000 1 la el DA0FS0 0.98926 tabla tabla NCFS000 1 1 1 Z 1 se se P00CN00 0.494509 presenta presentar VMIP3S0 0.995868 la el DA0FS0 0.98926 relación

relación NCFS000 1 obtenida obtener VMP00SF 1 entre entre

SDfilesmergedinorder-TEI_pos-fl.txt

532 .980583 de de SP 0.999961 los el DA0MP0 0.992728 dientes diente NCMP000

0.992424 presenta presentar VMIP3S0 0.995868 ya ya RG 0.999785 lesión lesión

NCFS000 1 inicial inicial AQ0CS00 0.838542 de de SP 1 SDfilesmergedinorder-

TEI_pos-fl.txt

533 ue CC 1 el el DA0MS0 1 sistema sistema NCMS000 1 DIAGNOdent

diagnodent NP00000 1 presenta presentar VMIP3S0 0.995868 una uno DI0FS0

0.951973 baja bajo AQ0FS00 0.414835 necesidad necesidad NCFS000 1 de de

SDfilesmergedinorder-TEI_pos-fl.txt

534 99961 auto auto NCMS000 0.98913 polimerización polimerización NCFS000 1

, , Fc 1 presenta presentar VMIP3S0 0.995868 mayor mayor AQ0CS00 0.9995

resistencia resistencia NCFS000 1 a a SP 0.998775 la el DA0

SDfilesmergedinorder-TEI_pos-fl.txt

535 52 encontró encontrar VMIS3S0 1 que que CS 0.449861 , , Fc 1 PMMA pmma

NP00000 1 presenta presentar VMIP3S0 0.995868 mayor mayor AQ0CS00

0.9995 resistencia resistencia NCFS000 1 a a SP 0.998775 la el DA0

SDfilesmergedinorder-TEI_pos-fl.txt

536 ue PROCN00 0.550139 este este DD0MS0 0.949201 marcador marcador

NCMS000 0.993827 presenta presentar VMIP3S0 0.995868 en en SP 1 los el

DA0MP0 0.992728 pacientes paciente NCCP000 0.992958 sanos sano AQ0

SDfilesmergedinorder-TEI_pos-fl.txt

537 1 y y CC 0.999989 5° 5° Z 1 de de SP 0.999961 odontología odontología

NCFS000 1 presentan presentar VMIP3P0 1 una uno DI0FS0 0.951973 mayor

mayor AQ0CS00 0.9995 afectación afectación NCFS000 1 de de

SDfilesmergedinorder-TEI_pos-fl.txt

538 estudios estudio NCMP000 1 de de SP 0.999961 odontología odontología

NCFS000 1 presentan presentar VMIP3P0 1 mayor mayor AQ0CS00 0.9995

numero numerar VMIP1S0 1 de de SP 0.999961 estudiantes estudiante

SDfilesmergedinorder-TEI_pos-fl.txt

539 estudiante NCCP000 0.996183 de de SP 0.999961 odontología odontología
NCFS000 1 presentan presentar VMIP3P0 1 niveles nivel NCMP000 0.987805
altos alto AQ0MP00 0.992424 de de SP 0.999961 burnout burnout N

SDfilesmergedinorder-TEI_pos-fl.txt

540 00 0.376253 // Fh 1 alta alto AQ0FS00 0.996988 , , Fc 1 sólo sólo RG 1 4 4 Z 1
presentan presentar VMIP3P0 1 una uno DI0FS0 0.951973 metodología metodología

NCFS000 1 homogénea homogéneo AQ0FS00 1 . . Fp SDfilesmergedinorder-
TEI_pos-fl.txt

541 Z 1]] Fct 1 . . Fp 1 Ambos ambos DI0MP0 0.526261 sistemas sistema

NCMP000 1 presentan presentar VMIP3P0 1 alta alto AQ0FS00 0.996988

sensibilidad sensibilidad NCFS000 1 siendo ser VSG0000 1 ligerament

SDfilesmergedinorder-TEI_pos-fl.txt

542 MP0 0.992728 grandes grande AQ0CP00 0.990534 fumadores fumador

NCMP000 0.638706 presentan presentar VMIP3P0 1 mayor mayor AQ0CS00

0.9995 progresión progresión NCFS000 1 de de SP 0.999961 la el DA0

SDfilesmergedinorder-TEI_pos-fl.txt

543 Otros otros NP00000 1 estudios estudio NCMP000 1 publicados publicar

VMP00PM 1 presentan presentar VMIP3P0 1 diversidad diversidad NCFS000 1 de

de SP 0.999961 resultados resultado NCMP000 0.998596 en_cua

SDfilesmergedinorder-TEI_pos-fl.txt

544 00 1 incluyen incluir VMIP3P0 1 los el DA0MP0 0.992728 que que PROCN00

0.550139 presentan presentar VMIP3P0 1 fenotipos fenotipo NCMP000 1 de de

SP 0.999961 hueso hueso NCMS000 1 alveolar alveolar AQ0CS00

SDfilesmergedinorder-TEI_pos-fl.txt

545 NCMP000 0.890625 a_base_de a_base_de SP 1 dimetacrilato dimetacrilato

NCMS000 1 presentan presentar VMIP3P0 1 mejor mejor AQ0CS00 0.787388

respuesta respuesta NCFS000 1 mecánica mecánico AQ0FS00 0.543481

SDfilesmergedinorder-TEI_pos-fl.txt

546 604 tensiones tensión NCFP000 1 debido_a debido_a SP 1 que que PROCN00

0.550139 presentan presentar VMIP3P0 1 una uno DI0FS0 0.951973 breve breve

AQ0CS00 1 deformación deformación NCFS000 1 elástica elást

SDfilesmergedinorder-TEI_pos-fl.txt

547 1 de de SP 0.999961 curado curar VMP00SM 1 dual dual NCMS000 0.338708

, , Fc 1 presentan presentar VMIP3P0 1 ventaja ventaja NCFS000 1 en en SP 1

resistencia resistencia NCFS000 1 a a SP 0.998775 la SDfilesmergedinorder-

TEI_pos-fl.txt

548 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 2011 2011 Z 1)) Fpt 1

presentan presentar VMIP3P0 1 a a SP 1 el el DA0MS0 1 paciente paciente

NCCS000 0.5 sentado sentar VMP00 SDfilesmergedinorder-TEI_pos-fl.txt

549 RG 1 , , Fc 1 los el DA0MP0 0.992728 adolescentes adolescente NCCP000

0.738095 presentan presentar VMIP3P0 1 un uno DI0MS0 0.99698 mayor mayor

AQ0CS00 0.9995 impacto impacto NCMS000 0.992958 psicosocial

SDfilesmergedinorder-TEI_pos-fl.txt

550 c 1 16 16 Z 1)) Fpt 1 , , Fc 1 las el DA0FP0 0.988184 mujeres mujer NCFP000

1 presentan presentar VMIP3P0 1 un uno DI0MS0 0.99698 mayor mayor AQ0CS00

0.9995 impacto impacto NCMS000 0.992958 psicosocial SDfilesmergedinorder-

TEI_pos-fl.txt

551 header> <text xml:lang="es"> <p> Esta esta NP00000 1 revisión revisión

NCFS000 1 pretende pretender VMIP3S0 0.996894 analizar analizar VMN0000 1

la el DA0FS0 0.98926 evidencia evidencia NCFS000 0.614458 q

SDfilesmergedinorder-TEI_pos-fl.txt

552 SP 1 el el DA0MS0 1 proceso proceso NCMS000 0.999101 que que PROCN00

0.550139 pretenden pretender VMIP3P0 1 predecir predecir VMN0000 1 , , Fc 1

por por SP 1 ello ello PD00S00 1 se se SDfilesmergedinorder-TEI_pos-fl.txt

553 trabajos trabajo NCMP000 1 publicados publicar VMP00PM 1 que que

PROCN00 0.550139 proceden proceder VMIP3P0 1 de de SP 0.999961 manera

manera NCFS000 1 similar similar AQ0CS00 1 ((Fpa 1 8 8 Z 1)) Fpt

SDfilesmergedinorder-TEI_pos-fl.txt

554 DA0MP0 0.992728 aparatos aparato NCMP000 1 funcionales funcional

AQ0CP00 0.995333 produce producir VMIP3S0 0.997076 un uno DI0MS0

0.99698 estiramiento estiramiento NCMS000 1 de de SP 0.999961 los el DA0

SDfilesmergedinorder-TEI_pos-fl.txt

555 bula mandíbula NCFS000 1 , , Fc 1 lo el DA00S0 0.665165 cual cual PROC000

0.930743 produce producir VMIP3S0 0.997076 una uno DI0FS0 0.951973 apertura

apertura NCFS000 1 amplia amplio AQ0FS00 1 de de SDfilesmergedinorder-

TEI_pos-fl.txt

556 9 clínica clínica NCFS000 0.847222 que que PROCN00 0.550139 se se

P00CN00 0.494509 produce producir VMIP3S0 0.997076 entre entre SP

0.980341 tercero 3 AO0MS00 0.993421 y y CC 0.999989 cuarto 4 AO0MS00 0.6

SDfilesmergedinorder-TEI_pos-fl.txt

557 0 0.66124 con con SP 1 anclaje anclaje NCMS000 1 esquelético esquelético

AQ0MS00 1 produce producir VMIP3S0 0.997076 mayor mayor AQ0CS00

0.9995 efecto efecto NCMS000 1 de de SP 0.999961 avance avance NCMS

SDfilesmergedinorder-TEI_pos-fl.txt

558 propionato NCMS000 1 , , Fc 1 ya_que ya_que CS 1 se se P00CN00 0.494509

produce producir VMIP3S0 0.997076 un uno DI0MS0 0.99698 aumento aumento

NCMS000 0.998188 significativo significativo AQ0M SDfilesmergedinorder-

TEI_pos-fl.txt

559 AQ0FS00 0.996988 naturaleza naturaleza NCFS000 1 glicolítica glicolítica

VMIP3S0 1 produce producir VMIP3S0 0.997076 un uno DI0MS0 0.99698

aumento aumento NCMS000 0.998188 significativo significativo AQ0M

SDfilesmergedinorder-TEI_pos-fl.txt

560 ones extracción NCFP000 1 , , Fc 1 cuando cuando CS 0.86298 se se P00CN00

0.494509 produce producir VMIP3S0 0.997076 una uno DI0FS0 0.951973 retracción

retracción NCFS000 1 en en SP 1 masa masa NCFS000 1 SDfilesmergedinorder-

TEI_pos-fl.txt

561 99961 las el DA0FP0 0.988184 luxaciones luxación NCFP000 1 se se P00CN00

0.494509 producen producir VMIP3P0 1 durante durante SP 1 las el DA0FP0 0.988184

maniobras maniobra NCFP000 0.986111 de de SP 0.999 SDfilesmergedinorder-

TEI_pos-fl.txt

562 Las el DA0FP0 0.988184 enfermedades enfermedad NCFP000 1 que que
PROCNO0 0.550139 producen producir VMIP3P0 1 daño daño NCMS000
0.993421 tisular tisular AQ0CS00 1 producen producir VMIP3P0 1 la el
SDfilesmergedinorder-TEI_pos-fl.txt

563 producen producir VMIP3P0 1 daño daño NCMS000 0.993421 tisular tisular
AQ0CS00 1 producen producir VMIP3P0 1 la el DA0FS0 0.98926 liberación
liberación NCFS000 1 de de SP 0.999961 diferentes diferente DI
SDfilesmergedinorder-TEI_pos-fl.txt

564 P3P0 0.941964 que que CS 0.449861 cambios cambio NCMP000 1 se se
P00CN00 0.494509 producen producir VMIP3P0 1 en en SP 1 el el DA0MS0 1
espesor espesor NCMS000 1 de de SP 1 SDfilesmergedinorder-TEI_pos-fl.txt

565 0.992728 cambios cambio NCMP000 1 que que PROCNO0 0.550139 se se
P00CN00 0.494509 producen producir VMIP3P0 1 en en SP 1 el el DA0MS0 1
hueso hueso NCMS000 1 antes antes RG 1 SDfilesmergedinorder-TEI_pos-fl.txt

566 0.992728 cambios cambio NCMP000 1 que que PROCNO0 0.550139 se se
P00CN00 0.494509 producen producir VMIP3P0 1 en en SP 1 el el DA0MS0 1
hueso hueso NCMS000 1 . . Fp 1 </p> </text> </ SDfilesmergedinorder-TEI_pos-
fl.txt

567 efecto efecto NCMS000 1 mecánico mecánico AQ0MS00 0.97619 que que
PROCNO0 0.550139 producen producir VMIP3P0 1 en en SP 1 las el DA0FP0
0.988184 restauraciones restauración NCFP000 1 provisionales provisio
SDfilesmergedinorder-TEI_pos-fl.txt

568 n en SP 1 este este DD0MS0 0.949201 metaanálisis metaanálisis NCMN000 1)
) Fpt 1 producen producir VMIP3P0 1 valores valor NCMP000 0.99763 de de SP
0.999961 unión unión NCFS000 1 adhesiva adhesivo AQ0FS0
SDfilesmergedinorder-TEI_pos-fl.txt

569 da iniciar VMP00SF 0.986111 la el DA0FS0 0.98926 enfermedad enfermedad
NCFS000 1 progresa progresar VMIP3S0 0.951742 con con SP 1 la el DA0FS0
0.98926 pérdida pérdida NCFS000 1 de de SP 0.999961 SDfilesmergedinorder-
TEI_pos-fl.txt

570 1 relleno relleno NCMS000 0.488372 lo el DA00S0 0.665165 que que
PROCNO0 0.550139 promueve promover VMIP3S0 0.980769 la el DA0FS0 0.98926
propagación propagación NCFS000 1 de de SP 0.999961 grietas grieta
SDfilesmergedinorder-TEI_pos-fl.txt

571 ar VMP00SF 1 con con SP 1 silano silano NCMS000 1 silano silano NCMS000
1 proporcionan proporcionar VMIP3P0 1 mejor mejor RG 0.212612 refuerzo refuerzo
NCMS000 0.989726 que que CS 0.449861 las el DA0FP0 0
SDfilesmergedinorder-TEI_pos-fl.txt

572 en en SP 1 nuestros nuestro DP1MPP 0.920918 resultados resultado NCMP000
0.998596 proviene provenir VMIP3S0 1 en en SP 1 su su DP3CSN 1 mayoría mayoría
NCFS000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-fl.txt

573 1 el el DA0MS0 1 agua agua NCCS000 0.997446 , , Fc 1 que que PROCNO0
0.550139 provoca provocar VMIP3S0 0.990196 reducción reducción NCFS000 1 de
de SP 0.999961 las el DA0FP0 0.988184 fuerzas fuerza N SDfilesmergedinorder-
TEI_pos-fl.txt

574 FS0 0.98926 mayoría mayoría NCFS000 1 de de SP 0.999961 estudios estudio
NCMP000 1 provoca provocar VMIP3S0 0.990196 intervalos intervalo NCMP000
1 de de SP 0.999961 confianza confianza NCFS000 1 estrecho
SDfilesmergedinorder-TEI_pos-fl.txt

575 ímero NCMS000 1 incrustados incrustar VMP00PM 1 , , Fc 1 que que
PROCNO0 0.550139 provocan provocar VMIP3P0 1 temperatura temperatura
NCFS000 1 de de SP 0.999961 transición transición NCFS000 1 vítrea vít
SDfilesmergedinorder-TEI_pos-fl.txt

576 A0FS0 0.98926 etapa etapa NCFS000 1 de de SP 0.999961 crecimiento
crecimiento NCMS000 1 puede poder VMIP3S0 0.999693 ayudar ayudar
VMN0000 1 a a SP 0.998775 prevenir prevenir VMN0000 1 futuros futuro AQOM
SDfilesmergedinorder-TEI_pos-fl.txt

577 VMP00SF 1 de de SP 0.999961 la el DA0FS0 0.98926 boca boca NCFS000 1
puede poder VMIP3S0 0.999693 producir producir VMN0000 1 complicaciones

complicación NCFP000 1 sobre sobre SP 0.9978 SDfilesmergedinorder-TEI_pos-fl.txt

578 1 la el DA0FS0 0.98926 luxación luxación NCFS000 1 articular articular AQ0CS00 0.593562 puede poder VMIP3S0 0.999693 variar variar VMN0000 1 desde desde SP 1 un uno DI0MS0 0.99698 cuadro cuadro NCMS000 0.

SDfilesmergedinorder-TEI_pos-fl.txt

579 00000 1 todo todo DI0MS0 0.6662 ello ello PD00S00 1 se se P00CN00 0.494509 puede poder VMIP3S0 0.999693 argumentar argumentar VMN0000 1 que que CS 0.449861 la el DA0FS0 0.98926 disfunción dis

SDfilesmergedinorder-TEI_pos-fl.txt

580 d NCFS000 1 de de SP 0.999961 movimientos movimiento NCMP000 1 que que PROCN00 0.550139 puede poder VMIP3S0 0.999693 realizar realizar VMN0000 1 [[Fca 1 23 23 Z 1]] Fct 1 , , Fc 1 es ser VSIP3S0 1 bas

SDfilesmergedinorder-TEI_pos-fl.txt

581 775 presentar presentar VMN0000 1 inestabilidad inestabilidad NCFS000 1 y y CC 0.999989 puede poder VMIP3S0 0.999693 llegar llegar VMN0000 1 luxar luxar VMN0000 1 se se PP3CN00 1 sin sin SP 1 SDfilesmergedinorder-TEI_pos-fl.txt

582 raso NCMS000 0.991803 en en SP 1 el el DA0MS0 1 diagnóstico diagnóstico NCMS000 0.97619 puede poder VMIP3S0 0.999693 general general AQ0CS00 0.826212 una uno DI0FS0 0.951973 mayor mayor AQ0CS00 0.9995 dif

SDfilesmergedinorder-TEI_pos-fl.txt

583 los el DA0MP0 0.992728 pacientes paciente NCCP000 0.992958 intubados intubar VMP00PM 1 puede poder VMIP3S0 0.999693 ser ser VSN0000 0.959637 complejo complejo AQ0MS00 0.421875 debido_a debido_a SP 1 la

SDfilesmergedinorder-TEI_pos-fl.txt

584 el el DA0MS0 1 perioperatorio perioperatorio NCMS000 0.833169 que que PROCN00 0.550139 puede poder VMIP3S0 0.999693 enmascarar enmascarar VMN0000 1 el el DA0MS0 1 dolor dolor NCMS000 1 en en SP 1

SDfilesmergedinorder-TEI_pos-fl.txt

585 asiones ocasión NCFP000 0.998047 el el DA0MS0 1 diagnóstico diagnóstico
NCMS000 0.97619 puede poder VMIP3S0 0.999693 prolongar prolongar
VMN0000 1 se se PP3CN00 1 más más RG 0.99993 aún aun RG 1 , ,
SDfilesmergedinorder-TEI_pos-fl.txt

586 NCFS000 1 de de SP 0.999961 la el DA0FS0 0.98926 ATM atm NP00000 1 , ,
Fc 1 puede poder VMIP3S0 0.999693 ver ver VMN0000 1 se se PP3CN00 1
agravado agravar VMP00SM 1 por por SDfilesmergedinorder-TEI_pos-fl.txt

587 MS000 1 de de SP 0.999961 evidencia evidencia NCFS000 0.614458 que que
PR0CN00 0.550139 puede poder VMIP3S0 0.999693 obtener obtener VMN0000 1
se se PP3CN00 1 de de SP 0.999961 ellos ellos PP3 SDfilesmergedinorder-
TEI_pos-fl.txt

588 61 la el DA0FS0 0.98926 solución solución NCFS000 1 factorial factorial
AQ0CS00 0.66123 puede poder VMIP3S0 0.999693 variar variar VMN0000 1 a a
SP 0.998775 la el DA0FS0 0.98926 establecida establecer VMP
SDfilesmergedinorder-TEI_pos-fl.txt

589 FS0 0.98926 sobrecarga sobrecarga NCFS000 0.841306 académica académico
AQ0FS00 0.415968 puede poder VMIP3S0 0.999693 contribuir contribuir
VMN0000 1 a a SP 0.998775 las el DA0FP0 0.988184 diferencias dife
SDfilesmergedinorder-TEI_pos-fl.txt

590 actorial multifactorial AQ0CS00 0.66123 que que PR0CN00 0.550139 se se
P00CN00 0.494509 puede poder VMIP3S0 0.999693 desarrollar desarrollar
VMN0000 1 tempranamente tempranamente RG 1 en en SP 1 el el DA0
SDfilesmergedinorder-TEI_pos-fl.txt

591 tudiente NCCS000 0.983871 de de SP 0.999961 medicina medicina NCFS000
0.962264 , , Fc 1 puede poder VMIP3S0 0.999693 aumentar aumentar VMN0000
1 de de SP 0.999961 forma forma NCFS000 0.987798 sensible sen
SDfilesmergedinorder-TEI_pos-fl.txt

592 000 1 de de SP 1 el el DA0MS0 1 76_% 76/100 Zp 1 se se P00CN00 0.494509
puede poder VMIP3S0 0.999693 considerar considerar VMN0000 1 acceptable

aceptable AQ0CS00 1 y y CC 0.999989 el el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

593 el DA0MS0 1 experimental experimental AQ0CS00 1 . . Fp 1 Esto este PD00S00 1 puede poder VMIP3S0 0.999693 ser ser VSN0000 0.959637 una uno DI0FS0 0.951973 limitación limitación NCFS000 1 import SDfilesmergedinorder-TEI_pos-fl.txt

594 tener_en_cuenta VMIP3P0 1 el el DA0MS0 1 tipping tipping NCMS000 1 puede poder VMIP3S0 0.999693 que que CS 0.449861 la el DA0FS0 0.98926 duración duración NCFS000 1 obtenida obtener V SDfilesmergedinorder-TEI_pos-fl.txt

595 DA0MS0 1 momento momento NCMS000 1 no no RN 0.999297 se se P00CN00 0.494509 puede poder VMIP3S0 0.999693 recomendar recomendar VMN0000 1 la el DA0FS0 0.98926 corticotomía corticotomía NCFS000 SDfilesmergedinorder-TEI_pos-fl.txt

596 1 ((Fpa 1 2 2 Z 1)) Fpt 1 , , Fc 1 lo el DA00S0 0.665165 cual cual PROCS00 0.930743 puede poder VMIP3S0 0.999693 condicionar condicionar VMN0000 1 la el DA0FS0 0.98926 posición posición NCFS000 1 real SDfilesmergedinorder-TEI_pos-fl.txt

597 _en_cuenta VMP00SM 1 indirectamente indirectamente RG 1 ya_que ya_que CS 1 puede poder VMIP3S0 0.999693 estar estar VMN0000 0.999154 relacionada relacionar VMP00SF 1 con con SP 1 las el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

598 S0 1 perjuicio perjuicio NCMS000 1 estético estético AQ0MS00 1 que que PR0CN00 0.550139 puede poder VMIP3S0 0.999693 ocasionar ocasionar VMN0000 1 en en SP 1 un uno DI0MS0 0.99698 paciente paciente NCCS00 SDfilesmergedinorder-TEI_pos-fl.txt

599 os estudio NCMP000 1 . . Fp 1 Esta este DD0FS0 0.978817 mejora mejora NCFS000 0.940887 puede poder VMIP3S0 0.999693 deber deber VMN0000 1 se se PP3CN00 1 a a SP 0.998775 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

600 intensidad NCFS000 1 de de SP 0.999961 la el DA0FS0 0.98926 luz luz
NCFS000 1 puede poder VMIP3S0 0.999693 afectar afectar VMN0000 1 a a SP
0.998775 la el DA0FS0 0.98926 reproducibilidad reprodu SDfilesmergedinorder-
TEI_pos-fl.txt

601 microscopio microscopio NCMS000 1 . . Fp 1 Esto este PD00S00 1 se se
P00CN00 0.494509 puede poder VMIP3S0 0.999693 deber deber NCMS000
0.880435 a a SP 0.998775 la el DA0FS0 0.98926 limitación limitación
SDfilesmergedinorder-TEI_pos-fl.txt

602 iniciales inicial AQ0CP00 0.72093 . . Fp 1 También también RG 1 se se
P00CN00 0.494509 puede poder VMIP3S0 0.999693 observar observar VMN0000
1 que que CS 0.449861 cerca cerca RG 0.995192 de de SP 1 el
SDfilesmergedinorder-TEI_pos-fl.txt

603 1 . . Fp 1 Con con SP 1 esto este PD00S00 1 se se P00CN00 0.494509 puede
poder VMIP3S0 0.999693 concluir concluir VMN0000 1 que que CS 0.449861 , , Fc 1
si si CS 0.999827 bien bien RG SDfilesmergedinorder-TEI_pos-fl.txt

604 S0 1 combinar combinar VMN0000 1 ambos ambos DI0MP0 0.526261
sistemas sistema NCMP000 1 puede poder VMIP3S0 0.999693 ser ser VSN0000
0.959637 útil útil AQ0CS00 0.987805 para para SP 0.999834 detectar dete
SDfilesmergedinorder-TEI_pos-fl.txt

605 sual AQ0CS00 1 , , Fc 1 este este DD0MS0 0.949201 procedimiento
procedimiento NCMS000 1 puede poder VMIP3S0 0.999693 conllevar conllevar
VMN0000 1 un uno DI0MS0 0.99698 aumento aumento NCMS000 0.998188 de
SDfilesmergedinorder-TEI_pos-fl.txt

606 1 </p> <p> Por por NP00000 1 tanto tanto RG 0.806143 se se P00CN00
0.494509 puede poder VMIP3S0 0.999693 establecer establecer VMN0000 1 que
que CS 0.449861 DIAGNOdent diagnodent NP00000 1 tieSDfilesmergedinorder-
TEI_pos-fl.txt

607 SP 0.998775 los el DA0MP0 0.992728 efectos efecto NCMP000 1 que que
PROCN00 0.550139 puede poder VMIP3S0 0.999693 tener tener VMN0000 1 la el

DA0FS0 0.98926 lactancia lactancia NCFS000 1 materna matern

SDfilesmergedinorder-TEI_pos-fl.txt

608 AQ0CP00 0.992708 y y CC 0.999989 no no RN 0.999297 se se P00CN00
0.494509 puede poder VMIP3S0 0.999693 establecer establecer VMN0000 1 una
uno DI0FS0 0.951973 conclusión conclusión NCFS000 1 SDfilesmergedinorder-
TEI_pos-fl.txt

609 retrospectivo AQ0FS00 0.407448 , , Fc 1 lo el DA00S0 0.665165 que que
PR0CN00 0.550139 puede poder VMIP3S0 0.999693 ocasionar ocasionar
VMN0000 1 que que CS 0.449861 exista existir VMSP3S0 0.497942 sesgo

SDfilesmergedinorder-TEI_pos-fl.txt

610 MS0 1 diagnóstico diagnóstico NCMS000 0.97619 de de SP 0.999961 tumores
tumor NCMP000 1 puede poder VMIP3S0 0.999693 presentar presentar VMN0000
1 limitaciones limitación NCFP000 1 . . Fp 1 Sin sin SP 1

SDfilesmergedinorder-TEI_pos-fl.txt

611 cientes paciente NCCP000 0.992958 con con SP 1 glioblastoma glioblastoma
NCFS000 0.4348 puede poder VMIP3S0 0.999693 ver ver VMN0000 1 se se
PP3CN00 1 aumentado aumentar VMP00SM 1 el el SDfilesmergedinorder-
TEI_pos-fl.txt

612 61 cáncer cáncer NCMS000 1 ((Fpa 1 15 15 Z 1)) Fpt 1 . . Fp 1 También
también RG 1 puede poder VMIP3S0 0.999693 ver ver VMN0000 1 se se PP3CN00 1
aumentado aumentar VMP00SM 1 el el SDfilesmergedinorder-TEI_pos-fl.txt

613 MS00 1 de de SP 0.999961 sucrose-glucose-lysine sucrose-glucose-lysine
NCMS000 0.754032 puede poder VMIP3S0 0.999693 modificar modificar
VMN0000 1 los el DA0MP0 0.992728 receptores receptor NCMP000 0.5637

SDfilesmergedinorder-TEI_pos-fl.txt

614 VMIP3S0 0.995495 con con SP 1 la el DA0FS0 0.98926 diabetes diabetes
NCFN000 1 puede poder VMIP3S0 0.999693 provocar provocar VMN0000 1 una
uno DI0FS0 0.951973 respuesta respuesta NCFS000 1 infla

SDfilesmergedinorder-TEI_pos-fl.txt

615 alto AQ0MS00 0.995585 nivel nivel NCMS000 1 de de SP 0.999961 glucosa glucosa NCFS000 1 puede poder VMIP3S0 0.999693 promover promover VMN0000 1 el el DA0MS0 1 crecimiento crecimiento NCMS000 1 y y CC 0.9
SDfilesmergedinorder-TEI_pos-fl.txt

616 NCMP000 0.513706 por por SP 1 lo el DA00S0 0.665165 que que PROCN00 0.550139 puede poder VMIP3S0 0.999693 ser ser VSN0000 0.959637 utilizada utilizar VMP00SF 1 para para SP 0.999834 distinguir SDfilesmergedinorder-TEI_pos-fl.txt

617 mento NCMS000 0.998188 de de SP 0.999961 la el DA0FS0 0.98926 prolina prolina NCFS000 1 puede poder VMIP3S0 0.999693 deber deber VMN0000 1 se se PP3CN00 1 a a SP 0.998775 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

618 1 sobre sobre SP 0.997804 dicho decir VMP00SM 0.997159 aminoácido aminoácido NCMS000 1 puede poder VMIP3S0 0.999693 mejorar mejorar VMN0000 1 los el DA0MP0 0.992728 efectos efecto NCMP000 1 adversos adve
SDfilesmergedinorder-TEI_pos-fl.txt

619 MS0 1 diagnóstico diagnóstico NCMS000 0.97619 de de SP 0.999961 tumores tumor NCMP000 1 puede poder VMIP3S0 0.999693 ser ser VSN0000 0.959637 muy muy RG 1 limitado limitar VMP00SM 1 . . Fp 1 Por_otro_
SDfilesmergedinorder-TEI_pos-fl.txt

620 hipo_mineralización NCMS000 1 [[Fca 1 5 5 Z 1]] Fct 1 , , Fc 1 esto este PD00S00 1 puede poder VMIP3S0 0.999693 ser ser VSN0000 0.959637 debido_a debido_a SP 1 que que CS 0.449861 las el SDfilesmergedinorder-TEI_pos-fl.txt

621 OFP0 0.988184 cuales cual PROCP00 1 no no RN 0.999297 se se P00CN00 0.494509 puede poder VMIP3S0 0.999693 explorar explorar VMN0000 1 la el DA0FS0 0.98926 MIH mih NP00000 1 pudiendo poder VMG00
SDfilesmergedinorder-TEI_pos-fl.txt

622 00S0 0.665165 que que PROCN00 0.550139 el el DA0MS0 1 ICAO icao NP00000 1 puede poder VMIP3S0 0.999693 estar estar VMN0000 0.999154 infravalorado infravalorar VMP00SM 1 por por SP 1 estos es
SDfilesmergedinorder-TEI_pos-fl.txt

623 Z 1 , , Fc 1 10 10 Z 1 , , Fc 1 13-16 13-16 Z 1]] Fct 1 . . Fp 1 Esto este
PD00S00 1 puede poder VMIP3S0 0.999693 ser ser VSN0000 0.959637 debido_a
debido_a SP 1 el el DA0MS0 1 diferente SDfilesmergedinorder-TEI_pos-fl.txt

624 diversidad diversidad NCFS000 1 de de SP 0.999961 resultados resultado
NCMP000 0.998596 puede poder VMIP3S0 0.999693 observar observar VMN0000
1 se se PP3CN00 1 también también RG 1 en en SP 1 SDfilesmergedinorder-
TEI_pos-fl.txt

625 únicamente RG 1 notables notable AQ0CP00 0.980769 que que CS 0.449861 no
no RN 0.999297 puede poder VMIP3S0 0.999693 tolerar tolerar VMN0000 1
desplazamientos desplazamiento NCMP000 1 vestibulolinguales v
SDfilesmergedinorder-TEI_pos-fl.txt

626 1 1995 1995 Z 1 mostraron mostrar VMIS3P0 1 que que CS 0.449861 se se
P00CN00 0.494509 puede poder VMIP3S0 0.999693 obtener obtener VMN0000 1
una uno DI0FS0 0.951973 evaluación evaluación NCFS000 1 cuant
SDfilesmergedinorder-TEI_pos-fl.txt

627 DA0MP0 0.992728 incisivos incisivo NCMP000 0.338706 maxilares maxilar
AQ0CP00 0.588779 puede poder VMIP3S0 0.999693 producir producir VMN0000 1
dehiscencia dehiscencia NCFS000 1 en en SP 1 la el DA0FS0 0
SDfilesmergedinorder-TEI_pos-fl.txt

628 si CS 0.999827 bien bien RG 0.876088 el el DA0MS0 1 material material
NCMS000 0.783688 puede poder VMIP3S0 0.999693 tolerar tolerar VMN0000 1
altas alto AQ0FP00 0.89604 tensiones tensión NCFP000 1 antes_
SDfilesmergedinorder-TEI_pos-fl.txt

629 miento comportamiento NCMS000 1 clínico clínico AQ0MS00 0.661294 se se
P00CN00 0.494509 puede poder VMIP3S0 0.999693 predecir predecir VMN0000 1
con con SP 1 precaución precaución NCFS000 1 , , Fc 1 basán
SDfilesmergedinorder-TEI_pos-fl.txt

630 0FS00 0.661244 a a SP 1 el el DA0MS0 1 tabaco tabaco NCMS000 1 . . Fp 1
Puede poder VMIP3S0 0.999693 ser ser VSN0000 0.959637 medida medida

NCFS000 0.966772 en en SP 1 los el DA0MP0 0.9927 SDfilesmergedinorder-
TEI_pos-fl.txt

631 to AQ0MS00 0.883495 periodo periodo NCMS000 1 de de SP 0.999961 tiempo
tiempo NCMS000 1 puede poder VMIP3S0 0.999693 no no RN 0.999297 ser ser
VSN0000 0.959637 suficiente suficiente AQ0CS00 0.993994 para
SDfilesmergedinorder-TEI_pos-fl.txt

632 1 lo el DA00S0 0.665165 que que PROCN00 0.550139 se se P00CN00
0.494509 puede poder VMIP3S0 0.999693 decir decir VMN0000 0.998575 que
que CS 0.449861 el el DA0MS0 1 adhesivo adhesivo NCMS0
SDfilesmergedinorder-TEI_pos-fl.txt

633 , Fc 1 de de SP 0.999961 modo modo NCMS000 1 excepcional excepcional
AQ0CS00 1 , , Fc 1 puede poder VMIP3S0 0.999693 haber haber VMN0000
0.000567215 pérdidas pérdida NCFP000 1 por por SP 1 roturas rotura
SDfilesmergedinorder-TEI_pos-fl.txt

634 0 1 de de SP 0.999961 cuidados cuidado NCMP000 0.376364 intensivos
intensivo AQ0MP00 1 pueden poder VMIP3P0 1 acarrear acarrear VMN0000 1
un uno DI0MS0 0.99698 considerable considerable AQ0CS00 1 retraso
SDfilesmergedinorder-TEI_pos-fl.txt

635 4 incluso incluso RG 0.998488 factores factor NCMP000 1 psicógenos
psicógeno AQ0MP00 1 pueden poder VMIP3P0 1 favorecer favorecer VMN0000
1 el el DA0MS0 1 desarrollo desarrollo NCMS000 0.99884 de de SP 0.
SDfilesmergedinorder-TEI_pos-fl.txt

636 ión NCFS000 1 online online RG 1 las el DA0FP0 0.988184 respuestas
respuesta NCFP000 1 pueden poder VMIP3P0 1 estar estar VMN0000 0.999154
influenciados influenciar VMP00PM 1 por por SP 1 el el DA0
SDfilesmergedinorder-TEI_pos-fl.txt

637 MP0 0.663994 los el DA0MP0 0.992728 factores factor NCMP000 1 que que
PROCN00 0.550139 pueden poder VMIP3P0 1 estar estar VMN0000 0.999154
implicados implicar VMP00PM 0.98913 en en SP 1 la el DA0
SDfilesmergedinorder-TEI_pos-fl.txt

638 ntras_que mientras_que CS 1 los el DA0MP0 0.992728 incisivos incisivo
NCMP000 0.338706 pueden poder VMIP3P0 1 no no RN 0.999297 estar estar
VMN0000 1 lo lo PP3MSA0 1 . . Fp 1 Los el SDfilesmergedinorder-TEI_pos-
fl.txt

639 ara SP 0.999834 asegurar asegurar VMN0000 1 que que CS 0.449861 se se
P00CN00 0.494509 pueden poder VMIP3P0 1 reproducir reproducir VMN0000 1
estas este DD0FP0 0.969897 condiciones condición NCFP000 0.998
SDfilesmergedinorder-TEI_pos-fl.txt

640 que que PROCN00 0.550139 los el DA0MP0 0.992728 individuos individuo
NCMP000 0.987805 pueden poder VMIP3P0 1 encontrar encontrar VMN0000 1 a a
SP 1 el el DA0MS0 1 identificar identificar VMN0000 1 SDfilesmergedinorder-
TEI_pos-fl.txt

641 VMN0000 1 el el DA0MS0 1 índice índice NCMS000 1 DAI dai NP00000 1 , ,
Fc 1 pueden poder VMIP3P0 1 ser ser VSN0000 0.959637 dificilmente dificilmente
RG 1 valorables valorable AQ0CP00 1 en en S SDfilesmergedinorder-TEI_pos-
fl.txt

642 emperaturas temperatura NCFP000 1 entre entre SP 0.980341 195-200_°C
TP_C:195-200 Zu 1 pueden poder VMIP3P0 1 desnaturalizar desnaturalizar
VMN0000 1 las lo PP3FPA0 1 [[Fca 1 25 25 Z 1]] Fct 1 . . Fp
SDfilesmergedinorder-TEI_pos-fl.txt

643 factor NCMP000 1 de de SP 0.999961 confusión confusión NCFS000 1 como
como CS 0.967153 pueden poder VMIP3P0 1 ser ser VSN0000 0.959637 hábitos
hábito NCMP000 1 orales oral AQ0CP00 0.995333 y y CC 0.999989
SDfilesmergedinorder-TEI_pos-fl.txt

644 tratamiento tratamiento NCMS000 1 periodontal periodontal AQ0CS00 1
además además RG 1 pueden poder VMIP3P0 1 ayudar ayudar VMN0000 1 en en SP 1
la el DA0FS0 0.98926 monitorización monitorización NCFS000
SDfilesmergedinorder-TEI_pos-fl.txt

645 iente NCMP000 0.992424 [[Fca 1 8,17,19-21,25,42-46 8,17,19-21,25,42-46 Z
1]] Fct 1 pueden poder VMIP3P0 1 sesgar sesgar VMN0000 1 los el DA0MP0

0.992728 resultados resultado NCMP000 0.998596 a a SP 1

SDfilesmergedinorder-TEI_pos-fl.txt

646 que CS 0.449861 los el DA0MP0 0.992728 escáneres escáner NCMP000 1
CBCT cbct NP00000 1 pueden poder VMIP3P0 1 capturar capturar VMN0000 1
con con SP 1 precisión precisión NCFS000 1 el el DA0MS0 1

SDfilesmergedinorder-TEI_pos-fl.txt

647 SP 0.997804 qué qué DT0CN0 0.216289 casos caso NCMP000 1 se se
P00CN00 0.494509 pueden poder VMIP3P0 1 beneficiar beneficiar VMN0000 1 de
de SP 0.999961 las el DA0FP0 0.988184 exploraciones explora

SDfilesmergedinorder-TEI_pos-fl.txt

648 VSIP3P0 0.995197 dos 2 Z 0.999868 secuelas secuela NCFP000 1 que que
PR0CN00 0.550139 pueden poder VMIP3P0 1 aparecer aparecer VMN0000 1 en en
SP 1 aquellos aquel DD0MP0 0.593168 casos caso NCMP000 1

SDfilesmergedinorder-TEI_pos-fl.txt

649 AQ0FS00 1 . . Fp 1 Estas este DD0FP0 0.969897 diferencias diferencia
NCFP000 0.996454 pueden poder VMIP3P0 1 evidenciar evidenciar VMN0000 1
diferencias diferencia NCFP000 0.996454 en en SP 1 los el DA0M

SDfilesmergedinorder-TEI_pos-fl.txt

650 0 1 restauraciones restauración NCFP000 1 provisionales provisional AQ0CP00
1 , , Fc 1 pueden poder VMIP3P0 1 reforzar reforzar VMN0000 1 su su DP3CSN
1 estructura estructura NCFS000 0.954373 con con SP 1 SDfilesmergedinorder-
TEI_pos-fl.txt

651 fractura NCFS000 0.874645 , , Fc 1 las el DA0FP0 0.988184 fibras fibra
NCFP000 1 puentean puentean VMIP3P0 0.851854 la el DA0FS0 0.98926 grieta
grieta NCFS000 0.874645 oponiéndose oponiéndose VMSP3S0 1 a

SDfilesmergedinorder-TEI_pos-fl.txt

652 0.98926 escala escala NCFS000 0.989071 Newcastle-Ottawa newcastle-ottawa
NP00000 1 quality quality VMIP3S0 0.194529 assesment assesment NCMS000
0.667346 scale s_cale NCFS000 1 case casar VMSP3S0 0.597365

SDfilesmergedinorder-TEI_pos-fl.txt

653 de SP 0.999961 tabaco tabaco NCMS000 1 consumida consumir VMP00SF 1
no no RN 0.999297 queda quedar VMIP3S0 0.945755 reflejada reflejar VMP00SF 1
en en SP 1 el el DA0MS0 1 análisis análisis SDfilesmergedinorder-TEI_pos-
fl.txt

654 y CC 0.999989 sólo sólo RG 1 empeoró empeorar VMIS3S0 1 o o CC
0.999864 quedo quedar VMIP1S0 0.538191 igual igual RG 0.404826 un uno
DI0MS0 0.99698 3_% 3/100 Zp 1 . . Fp 1 </p> <p> El el SDfilesmergedinorder-
TEI_pos-fl.txt

655 eocupación NCFS000 1 estética estético AQ0FS00 0.177419 . . Fp 1 Esto este
PD00S00 1 quiere querer VMIP3S0 0.999058 decir decir VMN0000 0.998575 que
que CS 0.449861 los el DA0MP0 0.992728 hombres hombre
SDfilesmergedinorder-TEI_pos-fl.txt

656 S00 1 , , Fc 1 con con SP 1 frecuencia frecuencia NCFS000 1 se se P00CN00
0.494509 realiza realizar VMIP3S0 0.991803 el el DA0MS0 1 diagnóstico
diagnóstico NCMS000 0.97619 cuando cuando CS 0.86298 el el D
SDfilesmergedinorder-TEI_pos-fl.txt

657 000 1 sobre sobre SP 0.997804 lactancia lactancia NCFS000 1 se se P00CN00
0.494509 realiza realizar VMIP3S0 0.991803 en en SP 1 todos todo DI0MP0
0.70665 los el DA0MP0 0.992728 estudios estudio SDfilesmergedinorder-
TEI_pos-fl.txt

658 MS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 2013 2013 Z 1)) Fpt 1 los lo PP3MPA0
0.0072574 realiza realizar VMIP3S0 0.991803 a a SP 1 el el DA0MS0 1 finalizar
finalizar VMN0000 1 el el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

659 extracciones extracción NCFP000 1 , , Fc 1 y y CC 0.999989 se se P00CN00
0.494509 realiza realizar VMIP3S0 0.991803 una uno DI0FS0 0.951973 retracción
retracción NCFS000 1 incisiva incisivo AQ0FS00 1 . . SDfilesmergedinorder-
TEI_pos-fl.txt

660 VMP00SM 1 en en SP 1 que que CS 0.449861 se se P00CN00 0.494509
realiza realizar VMIP3S0 0.991803 diferenciación diferenciación NCFS000 1 de

de SP 0.999961 los el DA0MP0 0.992728 grupos SDfilesmergedinorder-TEI_pos-fl.txt

661 lveolar alveolar AQ0CS00 0.661292 . . Fp 1 Si si CS 0.999827 no no RN 0.999297 realizamos realizar VMIP1P0 0.65 un uno DI0MS0 0.99698 tratamiento tratamiento NCMS000 1 temprano temprano RG 0.773585 , , F SDfilesmergedinorder-TEI_pos-fl.txt

662 s el DA0MP0 0.992728 pacientes paciente NCCP000 0.992958 que que PR0CN00 0.550139 realizan realizar VMIP3P0 1 visitas visita NCFP000 0.97619 dentales dental AQ0CP00 0.661294 regulares regular AQ0CP00 0.99 SDfilesmergedinorder-TEI_pos-fl.txt

663 OMS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 2013 2013 Z 1)) Fpt 1 la lo PP3FSA0 0.010734 realizan realizar VMIP3P0 1 una uno DI0FS0 0.951973 vez vez NCFS000 1 se se P00CN00 0.494509 ha haber SDfilesmergedinorder-TEI_pos-fl.txt

664 OMS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 2013 2013 Z 1)) Fpt 1 lo lo PP3MSA0 0.334764 realizan realizar VMIP3P0 1 6 6 Z 1 meses mes NCMP000 0.999436 después_de después_de SP 1 la el DA0FS0 0.98926 SDfilesmergedinorder-TEI_pos-fl.txt

665 VMG0000 1 que que CS 0.449861 estos este DD0MP0 0.972009 estudios estudio NCMP000 1 reciben recibir VMIP3P0 1 un uno DI0MS0 0.99698 valor valor NCMS000 1 de de SP 0.999961 calidad calidad NCFS000 1 SDfilesmergedinorder-TEI_pos-fl.txt

666 1 1-4,7,10,13,28 1-4,7,10,13,28 Z 1]] Fct 1 , , Fc 1 como como CS 0.967153 recomienda recomendar VMIP3S0 0.97619 la el DA0FS0 0.98926 Sociedad_Americana_de_Anestesiología sociedad_americana_de_anestesi SDfilesmergedinorder-TEI_pos-fl.txt

667 tal tal DD0CS0 0.672764 motivo motivo NCMS000 0.992395 se se P00CN00 0.494509 recomienda recomendar VMIP3S0 0.97619 realizar realizar VMN0000 1 estudios estudio NCMP000 1 clínicos clínico AQ0MP00 0.661294 SDfilesmergedinorder-TEI_pos-fl.txt

- 668 1 . . Fp 1 Por por SP 1 ello ello PD00S00 1 se se P00CN00 0.494509
recomienda recomendar VMIP3S0 0.97619 que que CS 0.449861 junto_a junto_a
SP 1 la el DA0FS0 0.98926 información SDfilesmergedinorder-TEI_pos-fl.txt
- 669 S000 0.995283 , , Fc 1 otros otro DI0MP0 0.745978 estudios estudio NCMP000
1 recomiendan recomendar VMIP3P0 1 asumir asumir VMN0000 1 soluciones
solución NCFP000 0.993421 factoriales factorial AQ0CP00 0.6
SDfilesmergedinorder-TEI_pos-fl.txt
- 670 umerosos numeroso AQ0MP00 1 autores autor NCMP000 1 que que PROCN00
0.550139 recomiendan recomendar VMIP3P0 1 asumir asumir VMN0000 1 una uno
DIOFS0 0.951973 solución solución NCFS000 1 bifactorial bifact
SDfilesmergedinorder-TEI_pos-fl.txt
- 671 00 0.97619 cuando cuando CS 0.86298 el el DA0MS0 1 paciente paciente
NCCS000 0.5 recupera recuperar VMIP3S0 0.987805 plenamente plenamente RG 1
la el DA0FS0 0.98926 consciencia consciencia NCFS000 1 y y C
SDfilesmergedinorder-TEI_pos-fl.txt
- 672 IS3S0 1 que que CS 0.449861 la el DA0FS0 0.98926 corticotomía corticotomía
NCFS000 1 reduce reducir VMIP3S0 0.98913 la el DA0FS0 0.98926 masa masa
NCFS000 1 ósea óseo AQ0FS00 1 , , Fc 1 favoreciendo SDfilesmergedinorder-
TEI_pos-fl.txt
- 673 encia resistencia NCFS000 1 mecánica20 mecánica20 Z 1 , , Fc 1 pues pues CS
0.999049 reduce reducir VMIP3S0 0.98913 la el DA0FS0 0.98926 energía energía
NCFS000 1 necesaria necesario AQ0FS00 1 para para SDfilesmergedinorder-
TEI_pos-fl.txt
- 674 de SP 0.999961 los el DA0MP0 0.992728 incisivos incisivo NCMP000
0.338706 , , Fc 1 reducen reducir VMIP3P0 1 el el DA0MS0 1 hueso hueso
NCMS000 1 alveolar alveolar AQ0CS00 0.661292 en en SDfilesmergedinorder-
TEI_pos-fl.txt
- 675 AQ0FS00 0.436294 y y CC 0.999989 no no RN 0.999297 se se P00CN00
0.494509 refiere referir VMIP3S0 0.994186 a a SP 0.998775 la el DA0FS0

0.98926 población población NCFS000 1 general general AQ0

SDfilesmergedinorder-TEI_pos-fl.txt

676 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2014 2014 Z 1)) Fpt 1 se se P00CN00

0.494509 refleja reflejar VMIP3S0 0.488737 como como CS 0.967153 en en SP 1

los el DA0MP0 0.992728 dos 2 Z 0.999868 primeros 1 SDfilesmergedinorder-
TEI_pos-fl.txt

677 enfermedad NCFS000 1 periodontal periodontal AQ0CS00 1 se se P00CN00

0.494509 relaciona relacionar VMIP3S0 0.989241 con con SP 1 una uno DI0FS0

0.951973 serie serie NCFS000 0.993392 de de SP 0.999961

SDfilesmergedinorder-TEI_pos-fl.txt

678 izar VMP00SM 1 exodoncias exodoncia NCFP000 1 , , Fc 1 se se P00CN00

0.494509 relacionan relacionar VMIP3P0 1 con con SP 1 la el DA0FS0 0.98926

ausencia ausencia NCFS000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-
fl.txt

679 9 entre entre SP 0.980341 los el DA0MP0 0.992728 4 4 Z 1 que que PROCN00

0.550139 reportan reportar VMIP3P0 1 las el DA0FP0 0.988184 mejoras mejora

NCFP000 0.992424 de de SP 0.999961 Epworth epworth NP000

SDfilesmergedinorder-TEI_pos-fl.txt

680 el el DA0MS0 1 . . Fp 1 , , Fc 1 2015 2015 Z 1)) Fpt 1 que que PROCN00

0.550139 requiere requerir VMIP3S0 0.945545 dos 2 Z 0.999868 intervenciones

intervención NCFP000 1 para para SP 0.999834 la el DA0F

SDfilesmergedinorder-TEI_pos-fl.txt

681 P 1 tanto tanto RG 0.806143 reproducibles reproducible AQ0CP00 1 y y CC

0.999989 requieren requerir VMIP3P0 1 que que CS 0.449861 los el DA0MP0

0.992728 dientes diente NCMP000 0.992424 estén estar VMSP3

SDfilesmergedinorder-TEI_pos-fl.txt

682 1 ; ; Fx 1 los el DA0MP0 0.992728 casos caso NCMP000 1 que que PROCN00

0.550139 requieren requerir VMIP3P0 1 movimientos movimiento NCMP000 1

dentales dental AQ0CP00 0.661294 que que PROCN00 0.550139 se

SDfilesmergedinorder-TEI_pos-fl.txt

683 FS000 1 definitiva definitivo AQ0FS00 1 y y CC 0.999989 que que PR0CN00 0.550139 requieren requerir VMIP3P0 1 la el DA0FS0 0.98926 colaboración colaboración NCFS000 1 de de SP 1 el el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

684 995283 el el DA0MS0 1 grupo grupo NCMS000 1 dimetacrilato dimetacrilato NCMS000 1 resisten resistir VMIP3P0 1 mejor mejor RG 0.212612 a a SP 0.998775 los el DA0MP0 0.992728 efectos efecto NCMP000 1 SDfilesmergedinorder-TEI_pos-fl.txt

685 o movimiento NCMS000 1 , , Fc 1 lo el DA00S0 0.665165 cual cual PR0CS00 0.930743 respalda respaldar VMIP3S0 0.97619 la el DA0FS0 0.98926 teoría teoría NCFS000 1 de de SP 0.999961 Frost frost NP00000 1 . . SDfilesmergedinorder-TEI_pos-fl.txt

686 > <p> Por por NP00000 1 lo el DA00S0 0.665165 que que PR0CN00 0.550139 respecta respetar VMIP3S0 0.989241 a a SP 0.998775 la el DA0FS0 0.98926 sensibilidad sensibilidad NCFS000 1 , , Fc 1 se se SDfilesmergedinorder-TEI_pos-fl.txt

687 n en SP 1 particular particular NCCS000 0.172131 , , Fc 1 sino_que sino_que CC 1 responde responder VMIP3S0 0.98913 a a SP 0.998775 una uno DIOFS0 0.951973 variabilidad variabilidad NCFS000 1 general gene SDfilesmergedinorder-TEI_pos-fl.txt

688 1 tratamientos tratamiento NCMP000 1 que que PR0CN00 0.550139 no no RN 0.999297 resuelven resolver VMIP3P0 1 el el DA0MS0 1 problema problema NCMS000 1 de de SP 0.999961 manera manera NCFS000 1 SDfilesmergedinorder-TEI_pos-fl.txt

689 MP0 0.992728 18 18 Z 1 pacientes paciente NCCP000 0.992958 sólo sólo RG 1 4 4 Z 1 resultan resultar VMIP3P0 1 ser ser VSN0000 0.959637 clínicamente clínicamente RG 1 significativos significativo AQ0MP00 1 SDfilesmergedinorder-TEI_pos-fl.txt

690 CS00 0.661294 y y CC 0.999989 colutorios colutorio NCMP000 1 también también RG 1 resultan resultar VMIP3P0 1 unas uno DIOFP0 0.991065 medidas

medida NCFP000 0.999067 eficaces eficaz AQ0CP00 1 . . Fp 1 N

SDfilesmergedinorder-TEI_pos-fl.txt

691 P00000 1 presente presente AQ0CS00 0.524254 estudio estudio NCMS000

0.97043 , , Fc 1 resume resumir VMIP3S0 0.929241 datos dato NCMP000 1

in_vitro in_vitro AQ0CN00 1 , , Fc 1 aunque aunque CC 1

SDfilesmergedinorder-TEI_pos-fl.txt

692 de SP 0.999961 la el DA0FS0 0.98926 terapia terapia NCF5000 1 de de SP

0.999961 retrasa retrasar VMIP3S0 0.989239 a a SP 1 el el DA0MS0 1 entorno

entorno NCMS000 0.995283 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-

fl.txt

693 pa NCF5000 0.724721 de de SP 0.999961 silano silano NCMS000 1 que que

PR0CN00 0.550139 rodea rodear VMIP3S0 0.962264 a a SP 0.998775 las el

DA0FP0 0.988184 partículas partícula NCFP000 1 de de SP 0.999961

SDfilesmergedinorder-TEI_pos-fl.txt

694 OMS0 1 medio medio NCMS000 0.21966 que que PR0CN00 0.550139 lo lo

PP3MSA0 0.334764 rodea rodear VMIP3S0 0.962264 , , Fc 1 es ser VSIP3S0 1 por

por SP 1 eso ese PD00S00 1 que SDfilesmergedinorder-TEI_pos-fl.txt

695 973 fuerza fuerza NCF5000 0.99684 elástica elástico AQ0FS00 1 que que

PR0CN00 0.550139 ronda rondar VMIP3S0 0.0809399 los el DA0MP0 0.992728

400-500_g WG_g:400-500 Zu 1 por por SP 1 lado lado SDfilesmergedinorder-

TEI_pos-fl.txt

696 OMP0 0.992728 que que PR0CN00 0.550139 no no RN 0.999297 se se

P00CN00 0.494509 sabe saber VMIP3S0 0.997925 si si CS 0.999827 realizar

realizar VMN0000 1 extracciones extracción NCFP000 1 o o CC

SDfilesmergedinorder-TEI_pos-fl.txt

697 .550139 fuman fumar VMIP3P0 1 menos menos RG 0.990694 . . Fp 1 Como

como CS 0.967153 sabemos saber VMIP1P0 1 , , Fc 1 la el DA0FS0 0.98926

enfermedad enfermedad NCF5000 1 periodontal periodontal AQ0CS00

SDfilesmergedinorder-TEI_pos-fl.txt

698 _t NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 2014 2014 Z 1
seleccionan seleccionar VMIP3P0 1 el el DA0MS0 1 hueso hueso NCMS000 1
hioides hioides AQ0CN00 0.501153 como como SDfilesmergedinorder-TEI_pos-
fl.txt

699 00 1 a a SP 0.998775 degradar14 degradar14 Z 1 . . Fp 1 Kiyomura kiyomura
NP00000 1 señalo señalar VMIP1S0 1 que que CS 0.449861 se se P00CN00
0.494509 requerían requerir VMII3P0 1 tiempos tiempo SDfilesmergedinorder-
TEI_pos-fl.txt

700 responsabilidad NCFS000 1 que que CS 0.449861 el el DA0MS0 1 alumno
alumno NCMS000 1 siente sentir VMIP3S0 0.974194 en en SP 1 el el DA0MS0 1
desempeño desempeño NCMS000 0.989726 de de SP 0.999961
SDfilesmergedinorder-TEI_pos-fl.txt

701 1 y y CC 0.999989 estética estética NCFS000 0.822581 , , Fc 1 se se P00CN00
0.494509 sienten sentir VMIP3P0 0.953488 más más RG 0.99993 afectadas
afectar VMP00PF 0.990196 por por SP 1 lo el DA00 SDfilesmergedinorder-
TEI_pos-fl.txt

702 pares dispar AQ0CP00 0.992708 , , Fc 1 la el DA0FS0 0.98926 mayoría
mayoría NCFS000 1 siguen seguir VMIP3P0 1 el el DA0MS0 1 criterio criterio
NCMS000 1 WHO who NP00000 1 [[Fca 1 8,15-17,19-22,24,39,42
SDfilesmergedinorder-TEI_pos-fl.txt

703 ar VMN0000 1 a a SP 0.998775 temprana temprano AQ0FS00 1 edad edad
NCFS000 1 simplifica simplificar VMIP3S0 0.889306 los el DA0MP0 0.992728
tratamientos tratamiento NCMP000 1 y y CC 0.999989 da dar VMIP3
SDfilesmergedinorder-TEI_pos-fl.txt

704 al AQ0CP00 1 , , Fc 1 soluciones solución NCFP000 0.993421 que que
PROCN00 0.550139 simulan simular VMIP3P0 1 los el DA0MP0 0.992728
alimentos,12,22,23 alimentos,12,22,23 Z 1 de de SP 0.999961 las el DA0
SDfilesmergedinorder-TEI_pos-fl.txt

705 999961 cianoacrilato cianoacrilato NCMS000 1 y y CC 0.999989 se se
P00CN00 0.494509 someten someter VMIP3P0 1 a a SP 0.998775 una uno

DI0FS0 0.951973 carga carga NCFS000 0.969466 de de SP 0.999961

SDfilesmergedinorder-TEI_pos-fl.txt

706 NCMS000 0.281746 de de SP 0.999961 lo el DA00S0 0.665165 que que
PROCNO0 0.550139 sucede suceder VMIP3S0 0.992958 con con SP 1 la el DA0FS0
0.98926 sensibilidad sensibilidad NCFS000 1 que que PRO

SDfilesmergedinorder-TEI_pos-fl.txt

707 1 II ii NP00000 1)) Fpt 1 , , Fc 1 la el DA0FS0 0.98926 mandíbula mandíbula
NCFS000 1 suele soler VMIP3S0 0.983696 avanzar avanzar VMN0000 1 más
más RG 0.99993 que que CS 0.449861 el el DA0MS0 1 SDfilesmergedinorder-
TEI_pos-fl.txt

708 89 que que CS 0.449861 la el DA0FS0 0.98926 inclinación inclinación
NCFS000 1 , , Fc 1 sufre sufrir VMIP3S0 0.994505 cambios cambio NCMP000 1
menores menor AQ0CP00 0.85461 pero pero CC 0.999902 no no RN 0

SDfilesmergedinorder-TEI_pos-fl.txt

709 SP 0.998775 los el DA0MP0 0.992728 cambios cambio NCMP000 1 que que
PROCNO0 0.550139 sufre sufrir VMIP3S0 0.994505 tras tras SP 1 la el DA0FS0
0.98926 cirugía cirugía NCFS000 1 . . Fp 1 La el SDfilesmergedinorder-TEI_pos-
fl.txt

710 RG 1 estables estable AQ0CP00 1 que que PROCNO0 0.550139 apenas apenas
RG 0.972286 sufren sufrir VMIP3P0 1 degradación degradación NCFS000 1 ya_que
ya_que CS 1 sólo sólo RG 1 temperaturas temperatura SDfilesmergedinorder-
TEI_pos-fl.txt

711 Mientras mientras CS 0.88835 un uno DI0MS0 0.99698 estudio13 estudio13 Z
1 , , Fc 1 sugiere sugerir VMIP3S0 0.98728 que que CS 0.449861 el el DA0MS0 1
probador probador NCMS000 0.606969 de de SP 0.999961

SDfilesmergedinorder-TEI_pos-fl.txt

712 2,13,14,15 estudios,8,12,13,14,15 Z 1 los el DA0MP0 0.992728 cuales cual
PROCP00 1 sugieren sugerir VMIP3P0 1 que que CS 0.449861 además_de además_de
SP 1 la el DA0FS0 0.98926 composición SDfilesmergedinorder-TEI_pos-fl.txt

713 1 Algunos alguno DI0MP0 0.60333 autores9,12,17,22 autores9,12,17,22 Z 1 ,
, Fc 1 sugieren sugerir VMIP3P0 1 que que CS 0.449861 las el DA0FP0
0.988184 pruebas prueba NCFP000 0.997881 de de SP 0.999961
SDfilesmergedinorder-TEI_pos-fl.txt

714 _que una_vez_que CS 1 la el DA0FS0 0.98926 fuerza fuerza NCFS000 0.99684
supera superar VMIP3S0 0.992424 el el DA0MS0 1 limite limitar VMSP3S0
0.634863 proporcional proporcional AQ0CS00 1 , , SDfilesmergedinorder-
TEI_pos-fl.txt

715 NCMS000 0.97043 , , Fc 1 esta este DD0FS0 0.978817 combinación
combinación NCFS000 1 supone suponer VMIP3S0 1 un uno DI0MS0 0.99698 ligero
ligero AQ0MS00 1 aumento aumento NCMS000 0.998188 de de
SDfilesmergedinorder-TEI_pos-fl.txt

716 NCFS000 1 de de SP 0.999961 especificidad especificidad NCFS000 1 no no
RN 0.999297 supone suponer VMIP3S0 1 un uno DI0MS0 0.99698 perjuicio
perjuicio NCMS000 1 para para SP 0.999834 el el DA0 SDfilesmergedinorder-
TEI_pos-fl.txt

717 OMS0 1 problema problema NCMS000 1 ético ético AQ0MS00 1 que que
PR0CN00 0.550139 supone suponer VMIP3S0 1 realizar realizar VMN0000 1 le
le PP3CSD0 1 a a SP 1 el el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

718 las mascarilla NCFP000 1 laríngeas laríngeo AQ0FP00 1 , , Fc 1 se se
P00CN00 0.494509 tiende tender VMIP3S0 0.983871 a a SP 0.998775 realizar
realizar VMN0000 1 una uno DI0FS0 0.951973 sujeción sujeción N
SDfilesmergedinorder-TEI_pos-fl.txt

719 0.949201 grupo grupo NCMS000 1 de de SP 0.999961 materiales material
NCMP000 0.890625 tiende tender VMIP3S0 0.983871 a a SP 0.998775 absorber
absorber VMN0000 1 agua agua NCCS000 0.997446 , , Fc 1 debido_
SDfilesmergedinorder-TEI_pos-fl.txt

720 etiológicos etiológico AQ0MP00 1 descritos describir VMP00PM 1 se se
P00CN00 0.494509 tiende tender VMIP3S0 0.983871 a a SP 0.998775 considerar

considerar VMN0000 1 que que CS 0.449861 la el DA0FS0 0.9892

SDfilesmergedinorder-TEI_pos-fl.txt

721 NCMS000 0.97043 los el DA0MP0 0.992728 ortodoncistas ortodoncistas
NCCP000 0.416928 tienden tender VMIP3P0 1 a a SP 0.998775 ser ser VSN0000
0.959637 mucho mucho RG 0.776908 más más RG 0.99993 críticos

SDfilesmergedinorder-TEI_pos-fl.txt

722 que CS 0.449861 el el DA0MS0 1 tratamiento tratamiento NCMS000 1 no no
RN 0.999297 tiene tener VMIP3S0 1 efectos efecto NCMP000 1 adversos adverso
AQ0MP00 1 en en SP 1 pacientes paciente NCCP000 0.99SDfilesmergedinorder-
TEI_pos-fl.txt

723 VMIS3P0 1 que que CS 0.449861 el el DA0MS0 1 Herbst herbst NP00000 1
tiene tener VMIP3S0 1 un uno DI0MS0 0.99698 efecto efecto NCMS000 1 sobre
sobre SP 0.997804 el el DA0SDfilesmergedinorder-TEI_pos-fl.txt

724 que CS 0.449861 no no RN 0.999297 en en SP 1 todos todo PI0MP00
0.293032 tiene tener VMIP3S0 1 el el DA0MS0 1 resultado resultado NCMS000
0.924877 esperado esperar VMP00SM 1 ((Fpa 1 Leeth SDfilesmergedinorder-
TEI_pos-fl.txt

725 NCMP000 0.998721 con con SP 1 HSPM hspm NP00000 1 ((Fpa 1 n=60
n=60 Z 1)) Fpt 1 tiene tener VMIP3S0 1 MIH mih NP00000 1 . . Fp 1 </p> <p>
Ghanim ghanim NP00000 1 et e_t NCFS000 1 SDfilesmergedinorder-TEI_pos-
fl.txt

726 693 establecer establecer VMN0000 1 que que CS 0.449861 DIAGNOdent
diagnodent NP00000 1 tiene tener VMIP3S0 1 una uno DI0FS0 0.951973
especificidad especificidad NCFS000 1 menor menor AQ0CS00 0.977178 que

SDfilesmergedinorder-TEI_pos-fl.txt

727 emática sistemático AQ0FS00 0.97619 y y CC 0.999989 metaanálisis
metaanálisis NCMN000 1 tiene tener VMIP3S0 1 sus su DP3CPN 0.999903
limitaciones limitación NCFP000 1 : : Fd 1 La el DA0FS0 0.98926 mayoría

SDfilesmergedinorder-TEI_pos-fl.txt

728 6,18,39 8,11,15,16,18,39 Z 1]] Fct 1 . . Fp 1 La el DA0FS0 0.98926 MIH mih
NP00000 1 tiene tener VMIP3S0 1 un uno DI0MS0 0.99698 impacto impacto
NCMS000 0.992958 sobre sobre SP 0.997804 el el DA0 SDfilesmergedinorder-
TEI_pos-fl.txt

729 P0 1 y y CC 0.999989 que que PROCN00 0.550139 especificaciones
especificación NCFP000 1 tiene tener VMIP3S0 1 la el DA0FS0 0.98926 toma
toma NCFS000 0.551913 ((Fpa 1 Ahn ahn NP00000 1 et e_
SDfilesmergedinorder-TEI_pos-fl.txt

730 la el DA0FS0 0.98926 satisfacción satisfacción NCFS000 1 dental dental
AQ0CS00 0.661294 tiene tener VMIP3S0 1 un uno DI0MS0 0.99698 efecto efecto
NCMS000 1 positivo positivo AQ0MS00 0.996183 en en SDfilesmergedinorder-
TEI_pos-fl.txt

731 Q0MP00 0.661294 aleatorizados aleatorizados VMP00PM 1 y y CC 0.999989
no no RN 0.999297 tiene tener VMIP3S0 1 la el DA0FS0 0.98926 misma mismo
AQ0FS00 0.81684 precisión precisión NCFS000 1 sobre sobre
SDfilesmergedinorder-TEI_pos-fl.txt

732 0 1 , , Fc 1 el el DA0MS0 1 enmascaramiento enmascaramiento NCMS000 1 no
no RN 0.999297 tiene tener VMIP3S0 1 la el DA0FS0 0.98926 relevancia relevancia
NCFS000 1 que que PROCN00 0.550139 adquiere adquirir SDfilesmergedinorder-
TEI_pos-fl.txt

733 pérdida NCFP000 1 de de SP 0.999961 seguimiento seguimiento NCMS000 1
no no RN 0.999297 tiene tener VMIP3S0 1 la el DA0FS0 0.98926 misma mismo
AQ0FS00 0.81684 connotación connotación NCFS000 1 a a
SDfilesmergedinorder-TEI_pos-fl.txt

734 el DA0FS0 0.98926 muestra muestra NCFS000 0.399558 ((Fpa 1 n=414
n=414 Z 1)) Fpt 1 tienen tener VMIP3P0 1 conjuntamente conjuntamente RG 1
HIM him NP00000 1 y y CC 0.999989 HSPM hspm NP00000 1 . . Fp
SDfilesmergedinorder-TEI_pos-fl.txt

735 el DA0MP0 0.992728 niños niño NCMP000 0.998721 con con SP 1 HSPM
hspm NP00000 1 tienen tener VMIP3P0 1 un uno DI0MS0 0.99698 riesgo riesgo

NCMS000 1 mayor mayor AQ0CS00 0.9995 de de SDfilesmergedinorder-
TEI_pos-fl.txt

736 000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 2010 2010 Z 1)) Fpt 1
tienen tener VMIP3P0 1 una uno DI0FS0 0.951973 metodología metodología
NCFS000 1 similar similar AQ0CS00 1 entre entr SDfilesmergedinorder-TEI_pos-
fl.txt

737 sovalerato NCMS000 1 y y CC 0.999989 el el DA0MS0 1 lactacto lactacto
NCMS000 0.850099 tienen tener VMIP3P0 1 un uno DI0MS0 0.99698 papel papel
NCMS000 1 importante importante AQ0CS00 1 en en SDfilesmergedinorder-
TEI_pos-fl.txt

738 0.992728 pacientes paciente NCCP000 0.992958 con con SP 1 diabetes
diabetes NCFN000 1 tienen tener VMIP3P0 1 una uno DI0FS0 0.951973 peor peor
AQ0CS00 0.880117 tasa tasa NCFS000 0.99361 de de SDfilesmergedinorder-
TEI_pos-fl.txt

739 CC 0.999989 la el DA0FS0 0.98926 higiene higiene NCFS000 1 oral oral
AQ0CS00 1 tienen tener VMIP3P0 1 un uno DI0MS0 0.99698 papel papel
NCMS000 1 importante importante AQ0CS00 1 en en SDfilesmergedinorder-
TEI_pos-fl.txt

740 000 1 de de SP 0.999961 fuerzas fuerza NCFP000 0.998652 , , Fc 1 ya_que
ya_que CS 1 tienen tener VMIP3P0 1 una uno DI0FS0 0.951973 configuración
configuración NCFS000 1 estructural estructural AQ0CS00
SDfilesmergedinorder-TEI_pos-fl.txt

741 1 el DA0MS0 1 grupo grupo NCMS000 1 monometacrilato monometacrilato
NCMS000 1 , , Fc 1 tienen tener VMIP3P0 1 una uno DI0FS0 0.951973 resistencia
resistencia NCFS000 1 a a SP 0.998775 la el DA0 SDfilesmergedinorder-TEI_pos-
fl.txt

742 184 soluciones solución NCFP000 0.993421 ensayadas ensayar VMP00PF 1 no
no RN 0.999297 tienen tener VMIP3P0 1 un uno DI0MS0 0.99698 efecto efecto
NCMS000 1 estadísticamente estadísticamente RG 1 significa
SDfilesmergedinorder-TEI_pos-fl.txt

743 0 1 que que CS 0.449861 los el DA0MP0 0.992728 dimetacrilatos
dimetacrilatos NCMP000 1 tienen tener VMIP3P0 1 mejor mejor RG 0.212612
capacidad capacidad NCFS000 1 que que CS 0.449861 los el DA0MP0 0.9927
SDfilesmergedinorder-TEI_pos-fl.txt

744 SP 1 las el DA0FP0 0.988184 fibras fibra NCFP000 1 que que PROCN00
0.550139 tienen tener VMIP3P0 1 alta alto AQ0FS00 0.996988 resistencia
resistencia NCFS000 1 a a SP 0.998775 la el DA0 SDfilesmergedinorder-TEI_pos-
fl.txt

745 cho DI0MP0 0.663994 pacientes paciente NCCP000 0.992958 con con SP 1
OSA osa NP00000 1 tienen tener VMIP3P0 1 retrognatia retrognatia NCFS000
0.615634 ((Fpa 1 maloclusión maloclusión NCFS000 1 de de SP
SDfilesmergedinorder-TEI_pos-fl.txt

746 VMP00PM 1 en en SP 1 los el DA0MP0 0.992728 metanálisis metanálisis
NCMN000 1 tienen tener VMIP3P0 1 un uno DI0MS0 0.99698 diseño diseño
NCMS000 0.983871 transversal transversal AQ0CS00 0.661294
SDfilesmergedinorder-TEI_pos-fl.txt

747 1 de de SP 0.999961 padres padre NCMP000 1 fumadores fumador AQ0MP00
0.361294 , , Fc 1 tienen tener VMIP3P0 1 peores peor AQ0CP00 1 hábitos
hábito NCMP000 1 higiénicos higiénico AQ0MP00 1 , , Fc 1 menor
SDfilesmergedinorder-TEI_pos-fl.txt

748 VMP00PM 1 a a SP 1 el el DA0MS0 1 tabaco tabaco NCMS000 1 tienen tener
VMIP3P0 1 mayor mayor AQ0CS00 0.9995 probabilidad probabilidad
NCFS000 1 de de SP 0.999961 tener tener V SDfilesmergedinorder-TEI_pos-
fl.txt

749 VMIP3S0 0.989241 que que CS 0.449861 los el DA0MP0 0.992728 hombres
hombre NCMP000 1 tienen tener VMIP3P0 1 una uno DI0FS0 0.951973 menor
menor AQ0CS00 0.977178 autoestima autoestima NCFS000 1 y y
SDfilesmergedinorder-TEI_pos-fl.txt

750 VMIS3S0 1 que que CS 0.449861 las el DA0FP0 0.988184 chicas chico
NCFP000 0.983871 tienen tener VMIP3P0 1 en en SP 1 general general NCCS000

0.173788 una uno DI0FS0 0.951973 menor menor AQ0 SDfilesmergedinorder-
TEI_pos-fl.txt

751 61 los el DA0MP0 0.992728 ácidos ácido NCMP000 0.608725 débiles débil
AQ0CP00 0.661294 tienen tener VMIP3P0 1 un uno DI0MS0 0.99698 potencial
potencial NCMS000 0.745902 para para SP 0.999834 activar activ
SDfilesmergedinorder-TEI_pos-fl.txt

752 000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 2014 2014 Z 1)) Fpt 1
toman tomar VMIP3P0 1 el el DA0MS0 1 plano plano NCMS000 0.892157 de de SP
0.999961 Frankfort frankfort NP00000 1 SDfilesmergedinorder-TEI_pos-fl.txt

753 _t NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 2010 2010 Z 1 toman
tomar VMIP3P0 1 como como CS 0.967153 referencia referencia NCFS000 0.989637
de de SP 0.999961 este este DD0MSSDfilesmergedinorder-TEI_pos-fl.txt

754 ked NCFS000 0.859502)) Fpt 1 , , Fc 1 esto este PD00S00 1 se se P00CN00
0.494509 traduce traducir VMIP3S0 0.989241 en en SP 1 una uno DI0FS0 0.951973
reducción reducción NCFS000 1 de de SP 0.999961 SDfilesmergedinorder-
TEI_pos-fl.txt

755 1 lo el DA00S0 0.665165 que que PR0CN00 0.550139 se se P00CN00
0.494509 traduce traducir VMIP3S0 0.989241 en en SP 1 mejor mejor AQ0CS00
0.787388 respuesta respuesta NCFS000 1 mecánica mecánico
SDfilesmergedinorder-TEI_pos-fl.txt

756 elajación relajación NCFS000 1 , , Fc 1 esto este PD00S00 1 se se P00CN00
0.494509 traduce traducir VMIP3S0 0.989241 en en SP 1 provisionales provisional
AQ0CP00 1 con con SP 1 propiedades propiedad NCFP0 SDfilesmergedinorder-
TEI_pos-fl.txt

757 s bacteria NCFP000 1 cariogénicas cariogénico AQ0FP00 1 las lo PP3FPA0
0.011793 transmiten transmitir VMIP3P0 1 más más RG 0.99993 fácilmente fácilmente
RG 1 a a SP 0.998775 sus su DP3CPN 0.999903 SDfilesmergedinorder-TEI_pos-
fl.txt

758 astorno NCMP000 1 periodontales periodontal AQ0CP00 1 . . Fp 1 Se se
P00CN00 0.494509 trata tratar VMIP3S0 0.985594 de de SP 0.999961 productos

producto NCMP000 0.998512 finales final AQ0CP00 0.258786 de

SDfilesmergedinorder-TEI_pos-fl.txt

759 AQ0FS00 1 de de SP 1 el el DA0MS0 1 huesped huesped NCMS000 1 trata
tratar VMIP3S0 0.985594 de de SP 0.999961 impedir impedir VMN0000 1 la el
DA0FS0 0.98926 unión unión NCFS000 1 SDfilesmergedinorder-TEI_pos-fl.txt

760 000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 2011 2011 Z 1)) Fpt 1
usa usar VMIP3S0 0.989238 estas este DD0FP0 0.969897 pero pero CC 0.999902
excluye excluir VMIP3S0 0.969887 , , F SDfilesmergedinorder-TEI_pos-fl.txt

761 000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 2012 2012 Z 1)) Fpt 1
utiliza utilizar VMIP3S0 0.847222 las el DA0FP0 0.988184 mismas mismo AQ0FP00
0.995495 variables variable NCFP000 0.36596 SDfilesmergedinorder-TEI_pos-
fl.txt

762 1 DA0MS0 1 diente diente NCMS000 0.926283 . . Fp 1 Además además RG 1 ,
, Fc 1 utilizamos utilizar VMIP1P0 0.65 como como CS 0.967153 referencia
referencia NCFS000 0.989637 el el DA0MS0 1 eje eje NCMS000

SDfilesmergedinorder-TEI_pos-fl.txt

763 000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2008 2008 Z 1)) Fpt 1 , , Fc 1
utilizan utilizar VMIP3P0 1 la el DA0FS0 0.98926 resonancia resonancia
NCFS000 1 magnética magnético AQ0FS00 1 como como

SDfilesmergedinorder-TEI_pos-fl.txt

764 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2008 2008 Z 1)) Fpt 1
utilizan utilizar VMIP3P0 1 el el DA0MS0 1 CBCT cbct NP00000 1 . . Fp 1
También también RG 1 otros otro SDfilesmergedinorder-TEI_pos-fl.txt

765 e que CS 0.449861 aparato aparato NCMS000 1 de de SP 0.999961 CBCT cbct
NP00000 1 utilizan utilizar VMIP3P0 1 y y CC 0.999989 que que PROCN00
0.550139 especificaciones especificación NCFP000 1 tiene tener

SDfilesmergedinorder-TEI_pos-fl.txt

766 RG 0.0988037 pasa pasar VMIP3S0 0.991758 el el DA0MS0 1 tiempo tiempo
NCMS000 1 va ir VMIP3S0 1 decayendo decaer VMG0000 1 , , Fc 1 igualándose

igualándose VMSP3S0 1 con con SP 1 la el SDfilesmergedinorder-TEI_pos-fl.txt

767 to monometacrilato NCMS000 1 , , Fc 1 esta este DD0FS0 0.978817 capacidad capacidad NCFS000 1 va ir VMIP3S0 1 disminuyendo disminuir VMG0000 1 lentamente lentamente RG 1 por por SP 1 el el DA0MS0 1 SDfilesmergedinorder-TEI_pos-fl.txt

768 1 el el DA0MS0 1 , , Fc 1 . . Fp 1 2002 2002 Z 1)) Fpt 1 que que PROCN00 0.550139 valora valorar VMIP3S0 0.989241 el el DA0MS0 1 burnout burnout NCMS000 1 en en SP 1 los el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

769 la NCFS000 0.989071 de de SP 0.999961 JADAD jadad NP00000 1 que que PROCN00 0.550139 valora valorar VMIP3S0 0.989241 la el DA0FS0 0.98926 calidad calidad NCFS000 1 metodológica metodológico AQ0FS00 1 de d SDfilesmergedinorder-TEI_pos-fl.txt

770 DA0MS0 1 tratamiento tratamiento NCMS000 1 periodontal periodontal AQ0CS00 1 y y CC 0.999989 van ir VMIP3P0 1 aumentando aumentar VMG0000 1 con con SP 1 el el DA0MS0 1 paso paso NCMS000 0.970663 SDfilesmergedinorder-TEI_pos-fl.txt

771 1 otros otro DI0MP0 0.745978 estudios estudio NCMP000 1 , , Fc 1 que que PROCN00 0.550139 van ir VMIP3P0 1 desde desde SP 1 0.83 0.83 Z 1 a a SP 0.998775 1.00 1.00 Z 1 intraexaminador intraexaminador N SDfilesmergedinorder-TEI_pos-fl.txt

772 .992728 especímenes especímenes NCMP000 1 dentales dental AQ0CP00 0.661294 no no RN 0.999297 van ir VMIP3P0 1 a a SP 0.998775 sufrir sufrir VMN0000 1 pérdidas pérdida NCFP000 1 por por SP 1 abandono SDfilesmergedinorder-TEI_pos-fl.txt

773 prevalencia NCFS000 1 de de SP 0.999961 la el DA0FS0 0.98926 HSPM hspm NP00000 1 varía variar VMIP3S0 0.989241 en en SP 1 distintos distinto DI0MP0 0.678571 países país NCMP000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-fl.txt

774 DA0FS0 0.98926 tirosina tirosina NCFS000 1 también también RG 1 se se P00CN00 0.494509 ve ver VMIP3S0 0.991758 aumentada aumentar VMP00SF 1 en en SP 1 los el DA0MP0 0.992728 glioblastomas glioblastoSDfilesmergedinorder-TEI_pos-fl.txt

775 21 21 Z 1)) Fpt 1 . . Fp 1 Ademas adema NCFP000 0.989526 , , Fc 1 se se P00CN00 0.494509 ve ver VMIP3S0 0.991758 aumentada aumentar VMP00SF 1 en en SP 1 tumores tumor NCMP000 1 cerebrales cerebral AQO SDfilesmergedinorder-TEI_pos-fl.txt

776 (Fpa 1 48_% 48/100 Zp 1 VS vs NP00000 1 45,5_% 45.5/100 Zp 1)) Fpt 1 no no RN 0.999297 vemos ver VMIP1P0 1 diferencias diferencia NCFP000 0.996454 estadísticamente estadísticamente RG 1 significativas SDfilesmergedinorder-TEI_pos-fl.txt

777 0MP00 0.98913 y y CC 0.999989 negativos negativo AQ0MP00 0.983871 se se P00CN00 0.494509 ven ver VMIP3P0 0.992958 afectados afectar VMP00PM 0.421875 por por SP 1 la el DA0FS0 0.98926 prevalencia preval SDfilesmergedinorder-TEI_pos-fl.txt

778 000 1 , , Fc 1 que que PR0CN00 0.550139 no no RN 0.999297 se se P00CN00 0.494509 ven ver VMIP3P0 0.992958 así así RG 0.999409 influidas influir VMP00PF 1 . . Fp 1 Así así RG 0.999409 , , Fc 1 SDfilesmergedinorder-TEI_pos-fl.txt

779 CS 0.449861 los el DA0MP0 0.992728 hombres hombre NCMP000 1 se se P00CN00 0.494509 ven ver VMIP3P0 0.992958 más más RG 0.99993 afectado afectar VMP00SM 0.994186 por por SP 1 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

780 FS0 0.98926 percepción percepción NCFS000 1 estética estético AQ0FS00 0.177419 , , Fc 1 viene venir VMIP3S0 1 justificado justificar VMP00SM 1 por por SP 1 la el DA0FS0 0.98926 dificultad dificultad SDfilesmergedinorder-TEI_pos-fl.txt

781 _tanto RG 1 esto este PD00S00 1 no no RN 0.999297 solo solo RG 0.210162 viene venir VMIP3S0 1 a a SP 0.998775 confirmar confirmar VMN0000 1 la el

DA0FS0 0.98926 fuerza fuerza NCFS000 0.996 SDfilesmergedinorder-TEI_pos-fl.txt

782 OMS0 1 IOTN iotn NP00000 1 ((Fpa 1 métodos método NCMP000 1 que que PROCN00 0.550139 vienen venir VMIP3P0 1 siendo ser VSG0000 1 utilizado utilizar VMP00SM 1 desde desde SP 1 hace hacer VMIP3 SDfilesmergedinorder-TEI_pos-fl.txt

783 1 . . Fp 1 </p> <p> Nuestros nuestros NP00000 1 resultados resultado NCMP000 0.998596 vienen venir VMIP3P0 1 a a SP 0.998775 confirmar confirmar VMN0000 1 que que CS 0.449861 el el DA0MS0 1 SDfilesmergedinorder-TEI_pos-fl.txt

784 t xml:lang="es"> <p> Nuestros nuestros NP00000 1 resultados resultado NCMP000 0.998596 vienen venir VMIP3P0 1 a a SP 0.998775 confirmar confirmar VMN0000 1 la el DA0FS0 0.98926 existencia existencia NCFS0 SDfilesmergedinorder-TEI_pos-fl.txt

785 721 con con SP 1 lactancia lactancia NCFS000 1 artificial artificial AQ0CS00 1 , , Fc 1 viven vivir VMIP3P0 1 en en SP 1 familias familia NCFP000 1 de de SP 0.999961 bajo bajo SP 0.909179 nivel SDfilesmergedinorder-TEI_pos-fl.txt

SD se-VMIP3:

1 ador portador NCMS000 0.538706 de de SP 0.999961 traqueostomía traqueostomía NCFS000 1 . . Fp 1 Se se P00CN00 0.494509 da dar VMIP3S0 0.998555 además además RG 1 la el DA0FS0 0.98926 circunstancia SDfilesmergedinorder-TEI_pos-fl.txt

2 mayoría mayoría NCFS000 1 de de SP 0.999961 las el DA0FP0 0.988184 luxaciones luxación NCFP000 1 se se P00CN00 0.494509 producen producir VMIP3P0 1 durante durante SP 1 las el DA0FP0 0.988184 maniobras SDfilesmergedinorder-TEI_pos-fl.txt

3 ausa NCFS000 0.903904 de de SP 0.999961 estas este DD0FP0 0.969897 luxaciones luxación NCFP000 1 se se P00CN00 0.494509 debe deber VMIP3S0

0.998712 a a SP 0.998775 que que CS 0.449861 para para SDfilesmergedinorder-
TEI_pos-fl.txt

4 61 las el DA0FP0 0.988184 mascarillas mascarilla NCFP000 1 laríngeas
laríngeo AQ0FP00 1 , , Fc 1 se se P00CN00 0.494509 tiende tender VMIP3S0
0.983871 a a SP 0.998775 realizar realizar VMN0000 1 una uno
SDfilesmergedinorder-TEI_pos-fl.txt

5 VMIS3P0 1 también también RG 1 casos caso NCMP000 1 similares similar
AQ0CP00 1 . . Fp 1 Se se P00CN00 0.494509 da dar VMIP3S0 0.998555 la el
DA0FS0 0.98926 circunstancia circunstancia NCFs000 1 de
SDfilesmergedinorder-TEI_pos-fl.txt

6 1 </p> <p> Por por NP00000 1 todo todo DI0MS0 0.6662 ello ello PD00S00 1
se se P00CN00 0.494509 puede poder VMIP3S0 0.999693 argumentar argumentar
VMN0000 1 que que CS 0.449861 la el SDfilesmergedinorder-TEI_pos-fl.txt

7 DI0MS0 0.6662 ello ello PD00S00 1 , , Fc 1 con con SP 1 frecuencia
frecuencia NCFs000 1 se se P00CN00 0.494509 realiza realizar VMIP3S0 0.991803
el el DA0MS0 1 diagnóstico diagnóstico NCMS000 0.97619 cuando
SDfilesmergedinorder-TEI_pos-fl.txt

8 en SP 1 el el DA0MS0 1 periodo periodo NCMS000 1 preoperatorio
preoperatorio AQ0MS00 1 se se P00CN00 0.494509 correlaciona correlacionar
VMIP3S0 0.989241 con con SP 1 el el DA0MS0 1 grado SDfilesmergedinorder-
TEI_pos-fl.txt

9 edad NCFs000 1 cada cada DI0CS0 1 vez vez NCFs000 1 mayor mayor
AQ0CS00 0.9995 se se P00CN00 0.494509 correlacionan correlacionar VMIP3P0 1
con con SP 1 dolor dolor NCMS000 1 en en SDfilesmergedinorder-TEI_pos-
fl.txt

10 39 la el DA0FS0 0.98926 casuística casuística NCFs000 0.39396 desarrollada
desarrollar VMP00SF 1 se se P00CN00 0.494509 compone componer VMIP3S0 1 de
de SP 0.999961 hallazgos hallazgo NCMP000 1 puntuales puntual
SDfilesmergedinorder-TEI_pos-fl.txt

11 que aunque CC 1 este este DD0MS0 0.949201 resultado resultado NCMS000 0.924877 no no RN 0.999297 se se P00CN00 0.494509 ajusta ajustar VMIP3S0 0.989241 a a SP 1 el el DA0MS0 1 modelo SDfilesmergedinorder-TEI_pos-fl.txt

12 1 practica practicar VMIP3S0 0.980769 clínica clínica NCFS000 0.847222 que que PR0CN00 0.550139 se se P00CN00 0.494509 produce producir VMIP3S0 0.997076 entre entre SP 0.980341 tercero 3 AO0MS00 0.993421 y y

SDfilesmergedinorder-TEI_pos-fl.txt

13 nómeno fenómeno NCMS000 1 multifactorial multifactorial AQ0CS00 0.66123 que que PR0CN00 0.550139 se se P00CN00 0.494509 puede poder VMIP3S0 0.999693 desarrollar desarrollar VMN0000 1 tempranamente tempranamente RG 1 en en SDfilesmergedinorder-TEI_pos-fl.txt

14 de SP 0.999961 respuesta respuesta NCFS000 1 de de SP 1 el el DA0MS0 1 76_% 76/100 Zp 1 se se P00CN00 0.494509 puede poder VMIP3S0 0.999693 considerar considerar VMN0000 1 aceptable aceptable AQ0CS00 1 y

SDfilesmergedinorder-TEI_pos-fl.txt

15 NCMS000 0.995283 , , Fc 1 en en SP 1 todos todo DI0MP0 0.70665 ellos ellos PP3MP00 1 se se P00CN00 0.494509 observa observar VMIP3S0 0.989241 que que CS 0.449861 el el DA0MS0 1 movimiento SDfilesmergedinorder-TEI_pos-fl.txt

16 0CN00 0.550139 el el DA0MS0 1 canino canino NCMS000 0.338818 experimental experimental AQ0CS00 1 se se P00CN00 0.494509 mueve mover VMIP3S0 0.822581 con con SP 1 la el DA0FS0 0.98926 mayor

SDfilesmergedinorder-TEI_pos-fl.txt

17 a SP 1 el el DA0MS0 1 movimiento movimiento NCMS000 1 dental dental AQ0CS00 0.661294 se se P00CN00 0.494509 debe deber VMIP3S0 0.998712 a a SP 0.998775 las el DA0FP0 0.988184 paredes SDfilesmergedinorder-TEI_pos-fl.txt

18 00 0.550139 el el DA0MS0 1 diente diente NCMS000 0.926283 en en SP 1 cuestión cuestión NCFS000 1 se se P00CN00 0.494509 mueve mover VMIP3S0

0.822581 alrededor_de alrededor_de SP 1 2 2 Z 1 veces vez

SDfilesmergedinorder-TEI_pos-fl.txt

19 1 veces vez NCFP000 1 más más RG 0.99993 rápido rápido AQ0MS00

0.811659 cuando cuando CS 0.86298 se se P00CN00 0.494509 practica practicar

VMIP3S0 0.980769 la el DA0FS0 0.98926 corticotomía corticotomía NCF000 1 . . Fp

1 SDfilesmergedinorder-TEI_pos-fl.txt

20 en SP 1 los el DA0MP0 0.992728 que que PROCN00 0.550139 no no RN

0.999297 se se P00CN00 0.494509 levanta levantar VMIP3S0 0.983871 colgajo

colgajo NCMS000 1 se se P00CN00 0.494509 mantienen SDfilesmergedinorder-

TEI_pos-fl.txt

21 o RN 0.999297 se se P00CN00 0.494509 levanta levantar VMIP3S0 0.983871

colgajo colgajo NCMS000 1 se se P00CN00 0.494509 mantienen mantener

VMIP3P0 1 estas este DD0FP0 0.969897 cifras cifra NCFP000 0.995868 , , Fc 1

SDfilesmergedinorder-TEI_pos-fl.txt

22 AQ0MS00 1 factor factor NCMS000 1 significativo significativo AQ0MS00 1

que que PROCN00 0.550139 se se P00CN00 0.494509 correlaciona correlacionar

VMIP3S0 0.989241 con con SP 1 el el DA0MS0 1 movimiento

SDfilesmergedinorder-TEI_pos-fl.txt

23 DA0MP0 0.992728 que que PROCN00 0.550139 el el DA0MS0 1 espacio

espacio NCMS000 0.998084 se se P00CN00 0.494509 cierra cerrar VMIP3S0

0.97619 en en SP 1 3 3 Z 1 meses mes NCMP000 0.999436 . . Fp 1

SDfilesmergedinorder-TEI_pos-fl.txt

24 casi RG 1 todos todo DI0MP0 0.70665 los el DA0MP0 0.992728 estudios

estudio NCMP000 1 se se P00CN00 0.494509 inicia iniciar VMIP3S0 0.98913 la

el DA0FS0 0.98926 ortodoncia ortodoncia NCF000 1 el SDfilesmergedinorder-

TEI_pos-fl.txt

25 3 Z 1 , , Fc 1 en en SP 1 los el DA0MP0 0.992728 que que PROCN00 0.550139

se se P00CN00 0.494509 inicia iniciar VMIP3S0 0.98913 dos 2 Z 0.999868

semanas semana NCFP000 1 después después RG 1 ((SDfilesmergedinorder-

TEI_pos-fl.txt

26 _t NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2014 2014 Z 1)) Fpt
1 se se P00CN00 0.494509 refleja reflejar VMIP3S0 0.488737 como como CS
0.967153 en en SP 1 los el SDfilesmergedinorder-TEI_pos-fl.txt

27 NCFS000 1 dental dental AQ0CS00 0.661294 , , Fc 1 el el DA0MS0 1 alveolo
alveolo NCMS000 1 se se P00CN00 0.494509 llena llenar VMIP3S0 0.108247 de
de SP 0.999961 tejido tejido NCMS000 0.576253 óseo óseo
 SDfilesmergedinorder-TEI_pos-fl.txt

28 00 1 hasta hasta SP 0.922749 el el DA0MS0 1 momento momento NCMS000 1
no no RN 0.999297 se se P00CN00 0.494509 puede poder VMIP3S0 0.999693
recomendar recomendar VMN0000 1 la el DA0FS0 0.98926 corticotomía
 SDfilesmergedinorder-TEI_pos-fl.txt

29 1 Sin sin SP 1 embargo embargo NCMS000 0.995283 , , Fc 1 aún aun RG 1 no
no RN 0.999297 se se P00CN00 0.494509 dispone disponer VMIP3S0 1 de de SP
0.999961 un uno DI0MS0 0.99698 protocolo SDfilesmergedinorder-TEI_pos-
fl.txt

30 NCFS000 1 , , Fc 1 por por SP 1 lo el DA00S0 0.665165 que que PROCN00
0.550139 se se P00CN00 0.494509 advierte advertir VMIP3S0 0.991071 sobre sobre
SP 0.997804 la el DA0FS0 0.98926 necesidad SDfilesmergedinorder-TEI_pos-
fl.txt

31 0.967153 el el DA0MS0 1 espesor espesor NCMS000 1 de de SP 0.999961
hueso hueso NCMS000 1 se se P00CN00 0.494509 mantienen mantener VMIP3P0 1
estables estable AQ0CP00 1 desde desde SP 1 los SDfilesmergedinorder-TEI_pos-
fl.txt

32 de SP 1 el el DA0MS0 1 incisivo incisivo NCMS000 0.338706 inferior inferior
AQ0CS00 0.992958 se se P00CN00 0.494509 comporta comportar VMIP3S0
0.962264 como como CS 0.967153 variable variable NCFS000 0.338706 predictora
predictor SDfilesmergedinorder-TEI_pos-fl.txt

33 0 0.338706 superior superior AQ0CS00 0.971939 e y CC 0.987994 inferior
inferior AQ0CS00 0.992958 se se P00CN00 0.494509 comportan comportar

VMIP3P0 1 como como CS 0.967153 variables variable NCFP000 0.365965

predictoras predictor SDfilesmergedinorder-TEI_pos-fl.txt

34 RG 1 la el DA0FS0 0.98926 variable variable NCFS000 0.338706 B-EJEI b-ejei NP00000 1 se se P00CN00 0.494509 comporta comportar VMIP3S0 0.962264 como como CS 0.967153 variable variable NCFS000 0.338706 predictora predictor SDfilesmergedinorder-TEI_pos-fl.txt

35 > El el NP00000 1 patrón patrón NCMS000 1 facial facial AQ0CS00 1 no no RN 0.999297 se se P00CN00 0.494509 comporta comportar VMIP3S0 0.962264 como como CS 0.967153 variable variable NCFS000 0.338706 predictora predictor SDfilesmergedinorder-TEI_pos-fl.txt

36 2 Z 1)) Fpt 1 . . Fp 1 Estos este DD0MP0 0.972009 dos 2 Z 0.999868 estudios estudio NCMP000 1 se se P00CN00 0.494509 basan basar VMIP3P0 1 en en SP 1 los el DA0MP0 0.992728 trabajos SDfilesmergedinorder-TEI_pos-fl.txt

37 al dental AQ0CS00 0.661294 para para SP 0.999834 asegurar asegurar VMN0000 1 que que CS 0.449861 se se P00CN00 0.494509 pueden poder VMIP3P0 1 reproducir reproducir VMN0000 1 estas este DD0FP0 0.969897 condiciones SDfilesmergedinorder-TEI_pos-fl.txt

38 ries NCFN000 0.698105 extensas extenso AQ0FP00 1 o o CC 0.999864 coronas corona NCFP000 0.986111 se se P00CN00 0.494509 considera considerar VMIP3S0 0.998721 pequeño pequeño AQ0MS00 0.958984 puesto puesto NCMS000 0.599751 que SDfilesmergedinorder-TEI_pos-fl.txt

39 AQ0MP00 1 positivos positivo AQ0MP00 0.98913 y y CC 0.999989 negativos negativo AQ0MP00 0.983871 se se P00CN00 0.494509 ven ver VMIP3P0 0.992958 afectados afectar VMP00PM 0.421875 por por SP 1 la SDfilesmergedinorder-TEI_pos-fl.txt

40 VMIP3P0 1 predecir predecir VMN0000 1 , , Fc 1 por por SP 1 ello ello PD00S00 1 se se P00CN00 0.494509 considera considerar VMIP3S0 0.998721 más más RG 0.99993 adecuado adecuar VMP00SM 1 presentar SDfilesmergedinorder-TEI_pos-fl.txt

41 999961 verosimilitud verosimilitud NCFS000 1 , , Fc 1 que que PROCN00
0.550139 no no RN 0.999297 se se P00CN00 0.494509 ven ver VMIP3P0 0.992958
así así RG 0.999409 influidas influir VMP00PF 1 . . Fp 1 SDfilesmergedinorder-
TEI_pos-fl.txt

42 1 la el DA0FS0 0.98926 presencia presencia NCFS000 0.99679 de de SP
0.999961 HSPM hspm NP00000 1 se se P00CN00 0.494509 basa basar VMIP3S0
0.421881 en en SP 1 que que CS 0.449861 aquellos aquel SDfilesmergedinorder-
TEI_pos-fl.txt

43 ruptivos eruptivo AQ0MP00 1 . . Fp 1 Los el DA0MP0 0.992728 incisivos
incisivo NCMP000 0.338706 se se P00CN00 0.494509 diagnostican diagnosticar
VMIP3P0 1 con con SP 1 más más RG 0.99993 facilidad facilidad
SDfilesmergedinorder-TEI_pos-fl.txt

44 000 0.999445 . . Fp 1 Dentro_de dentro_de SP 1 cada cada DI0CS0 1 grupo
grupo NCMS000 1 se se P00CN00 0.494509 observa observar VMIP3S0
0.989241 como como CS 0.967153 las el DA0FP0 0.988184 valoraciones
SDfilesmergedinorder-TEI_pos-fl.txt

45 aber haber VAN0000 0.987521 realizado realizar VMP00SM 1 exodoncias
exodoncia NCFP000 1 , , Fc 1 se se P00CN00 0.494509 relacionan relacionar
VMIP3P0 1 con con SP 1 la el DA0FS0 0.98926 ausencia SDfilesmergedinorder-
TEI_pos-fl.txt

46 1 </p> <p> En en NP00000 1 la el DA0FS0 0.98926 tabla tabla NCFS000 1 1
1 Z 1 se se P00CN00 0.494509 presenta presentar VMIP3S0 0.995868 la el
DA0FS0 0.98926 relación relación NCFS000 1 obtenida SDfilesmergedinorder-
TEI_pos-fl.txt

47 PP3MSA0 1 a a SP 0.998775 microscopio microscopio NCMS000 1 . . Fp 1
Esto este PD00S00 1 se se P00CN00 0.494509 puede poder VMIP3S0 0.999693
deber deber NCMS000 0.880435 a a SP 0.998775 la el SDfilesmergedinorder-
TEI_pos-fl.txt

48 esiones lesión NCFP000 0.994792 iniciales inicial AQ0CP00 0.72093 . . Fp 1
También también RG 1 se se P00CN00 0.494509 puede poder VMIP3S0 0.999693

observar observar VMN0000 1 que que CS 0.449861 cerca cerca

SDfilesmergedinorder-TEI_pos-fl.txt

49 9961 combinar combinar VMN0000 1 ambos ambos DI0MP0 0.526261

sistemas sistema NCMP000 1 , , Fc 1 se se P00CN00 0.494509 aumenta aumentar VMIP3S0 0.98913 la el DA0FS0 0.98926 sensibilidad sensibilidad NCFS000 1 , , Fc 1

SDfilesmergedinorder-TEI_pos-fl.txt

50 000 0.97619 visual visual AQ0CS00 1)) Fpt 1 . . Fp 1 Con con SP 1 esto este PD00S00 1 se se P00CN00 0.494509 puede poder VMIP3S0 0.999693 concluir

concluir VMN0000 1 que que CS 0.449861 , , Fc 1 si SDfilesmergedinorder-TEI_pos-fl.txt

51 1 positivos positivo AQ0MP00 0.98913 . . Fp 1 </p> <p> Por por NP00000 1 tanto tanto RG 0.806143 se se P00CN00 0.494509 puede poder VMIP3S0 0.999693

establecer establecer VMN0000 1 que que CS 0.449861 DIAGNOdent diagnodent

SDfilesmergedinorder-TEI_pos-fl.txt

52 duración duración NCFS000 1 de de SP 0.999961 la el DA0FS0 0.98926 lactancia lactancia NCFS000 1 se se P00CN00 0.494509 asocia asociar VMIP3S0

0.98924 con con SP 1 una uno DIOFS0 0.951973 menor SDfilesmergedinorder-TEI_pos-fl.txt

53 1 acto acto NCMS000 1 de de SP 0.999961 lactancia lactancia NCFS000 1 materna materno AQ0FS00 1 se se P00CN00 0.494509 basa basar VMIP3S0

0.421881 en en SP 1 el el DA0MS0 1 avance SDfilesmergedinorder-TEI_pos-fl.txt

54 el DA0MS0 1 . . Fp 1 , , Fc 1 2010 2010 Z 1)) Fpt 1 . . Fp 1 </p> <p> No no NP00000 1 se se P00CN00 0.494509 observa observar VMIP3S0 0.989241 el el

DA0MS0 1 mismo mismo AQ0MS00 0.802208 SDfilesmergedinorder-TEI_pos-fl.txt

55 ser VSIP3P0 0.995197 dispares dispar AQ0CP00 0.992708 y y CC 0.999989 no no RN 0.999297 se se P00CN00 0.494509 puede poder VMIP3S0 0.999693

establecer establecer VMN0000 1 una uno DIOFS0 0.951973 conclusión

SDfilesmergedinorder-TEI_pos-fl.txt

56 que CS 0.449861 la el DA0FS0 0.98926 lactancia lactancia NCFS000 1
materna materno AQ0FS00 1 se se P00CN00 0.494509 asocia asociar VMIP3S0
0.98924 con con SP 1 menor menor AQ0CS00 0.977178 distooclusión
SDfilesmergedinorder-TEI_pos-fl.txt

57 263 de de SP 0.999961 datos dato NCMP000 1 sobre sobre SP 0.997804
lactancia lactancia NCFS000 1 se se P00CN00 0.494509 realiza realizar VMIP3S0
0.991803 en en SP 1 todos todo DI0MP0 0.70665 los SDfilesmergedinorder-
TEI_pos-fl.txt

58 en SP 1 los el DA0MP0 0.992728 primeros 1 AO0MP00 1 molares molar
NCMP000 0.339769 . . Fp 1 Se se P00CN00 0.494509 aplica aplicar VMIP3S0
0.983871 una uno DI0FS0 0.951973 fuerza fuerza NCFS000 0.99684 de
SDfilesmergedinorder-TEI_pos-fl.txt

59 cigomático AQ0MS00 1 y y CC 0.999989 tras tras SP 1 2 2 Z 1 semanas
semana NCFP000 1 se se P00CN00 0.494509 inicia iniciar VMIP3S0 0.98913 la
el DA0FS0 0.98926 carga carga NCFS000 0.969466 mediante
SDfilesmergedinorder-TEI_pos-fl.txt

60 por SP 1 lado lado NCMS000 1 . . Fp 1 La el DA0FS0 0.98926 carga carga
NCFS000 0.969466 se se P00CN00 0.494509 inicia iniciar VMIP3S0 0.98913 a a
SP 0.998775 las el DA0FP0 0.988184 2-3 2-3 Z 1 SDfilesmergedinorder-TEI_pos-
fl.txt

61 ser VSIP3S0 1 estrictamente estrictamente RG 1 esquelético esquelético
AQ0MS00 1 y y CC 0.999989 se se P00CN00 0.494509 eliminan eliminar VMIP3P0
1 los el DA0MP0 0.992728 movimientos movimiento NCMP000 1 dentales
SDfilesmergedinorder-TEI_pos-fl.txt

62 sto resto NCMS000 0.998634 de de SP 0.999961 los el DA0MP0 0.992728
artículos artículo NCMP000 1 se se P00CN00 0.494509 obtiene obtener VMIP3S0 1
en en SP 1 2D 2D Z 1 con con SDfilesmergedinorder-TEI_pos-fl.txt

63 el DA0MP0 0.992728 trastornos trastorno NCMP000 1 periodontales
periodontal AQ0CP00 1 . . Fp 1 Se se P00CN00 0.494509 trata tratar VMIP3S0

0.985594 de de SP 0.999961 productos producto NCMP000 0.998512 finales final

SDfilesmergedinorder-TEI_pos-fl.txt

64 1 el el DA0MS0 1 propionato propionato NCMS000 1 , , Fc 1 ya_que ya_que

CS 1 se se P00CN00 0.494509 produce producir VMIP3S0 0.997076 un uno

DI0MS0 0.99698 aumento aumento NCMS000 0.998188 significativo

SDfilesmergedinorder-TEI_pos-fl.txt

65 _lado RG 1 , , Fc 1 la el DA0FS0 0.98926 tirosina tirosina NCFS000 1 también

también RG 1 se se P00CN00 0.494509 ve ver VMIP3S0 0.991758 aumentada

aumentar VMP00SF 1 en en SP 1 los SDfilesmergedinorder-TEI_pos-fl.txt

66 NCFS000 0.874645 ((Fpa 1 21 21 Z 1)) Fpt 1 . . Fp 1 Ademas adema

NCFP000 0.989526 , , Fc 1 se se P00CN00 0.494509 ve ver VMIP3S0 0.991758

aumentada aumentar VMP00SF 1 en en SP 1 tumores SDfilesmergedinorder-

TEI_pos-fl.txt

67 ón población NCFS000 1 trabajadora trabajador AQ0FS00 0.436294 y y CC

0.999989 no no RN 0.999297 se se P00CN00 0.494509 refiere referir VMIP3S0

0.994186 a a SP 0.998775 la el DA0FS0 0.98926 población

SDfilesmergedinorder-TEI_pos-fl.txt

68 S000 1 periodontal periodontal AQ0CS00 1 los el DA0MP0 0.992728

porcentajes porcentaje NCMP000 1 se se P00CN00 0.494509 cifran cifrar

VMIP3P0 1 en en SP 1 4.2_% 4.2/100 Zp 1 , , Fc 1 3.9_% 3.9/100 Zp 1 , , Fc 1 5_%

5/100 Zp 1 SDfilesmergedinorder-TEI_pos-fl.txt

69 1 otros otro DI0MP0 0.745978 estudios estudio NCMP000 1 epidemiológicos

epidemiológico AQ0MP00 1 se se P00CN00 0.494509 muestra mostrar VMIP3S0

0.598234 como como CS 0.967153 una uno DI0FS0 0.951973 variable

SDfilesmergedinorder-TEI_pos-fl.txt

70 Z 1)) Fpt 1 ((Fpa 1 OR=2.15 OR=2.15 Z 1)) Fpt 1 . . Fp 1 </p> <p>

Cuando cuando NP00000 1 se se P00CN00 0.494509 analizan analizar VMIP3P0

1 variables variable NCFP000 0.365965 socioeconómicas socioeconómico AQ0FP00 1

, , Fc 1 SDfilesmergedinorder-TEI_pos-fl.txt

- 71 VMIP3P0 1 variables variable NCFP000 0.365965 socioeconómicas socioeconómico AQ0FP00 1 , , Fc 1 se se P00CN00 0.494509 encuentra encontrar VMIP3S0 0.97619 una uno DI0FS0 0.951973 relación relación NCFS000 1 estadísticamente SDfilesmergedinorder-TEI_pos-fl.txt
- 72 _a en_cuanto_a SP 1 las el DA0FP0 0.988184 limitaciones limitación NCFP000 1 , , Fc 1 se se P00CN00 0.494509 deben deber VMIP3P0 1 citar citar VMN0000 1 la el DA0FS0 0.98926 ausencia SDfilesmergedinorder-TEI_pos-fl.txt
- 73 OMS0 1 análisis análisis NCMN000 1 , , Fc 1 ya_que ya_que CS 1 como como CS 0.967153 se se P00CN00 0.494509 demuestra demostrar VMIP3S0 0.936047 en en SP 1 algunos alguno DI0MP0 0.60333 estudios SDfilesmergedinorder-TEI_pos-fl.txt
- 74 OFS0 0.98926 enfermedad enfermedad NCFS000 1 periodontal periodontal AQ0CS00 1 no no RN 0.999297 se se P00CN00 0.494509 distribuye distribuir VMIP3S0 0.989241 uniformemente uniformemente RG 1 en en SP 1 los el SDfilesmergedinorder-TEI_pos-fl.txt
- 75 0.449861 la el DA0FS0 0.98926 enfermedad enfermedad NCFS000 1 periodontal periodontal AQ0CS00 1 se se P00CN00 0.494509 relaciona relacionar VMIP3S0 0.989241 con con SP 1 una uno DI0FS0 0.951973 serie SDfilesmergedinorder-TEI_pos-fl.txt
- 76 ct 1 . . Fp 1 El el DA0MS0 1 presente presente AQ0CS00 0.524254 estudio estudio NCMS000 0.97043 se se P00CN00 0.494509 ajusta ajustar VMIP3S0 0.989241 a a SP 0.998775 la el DA0FS0 0.98926 consideración SDfilesmergedinorder-TEI_pos-fl.txt
- 77 en SP 1 las el DA0FP0 0.988184 cuales cual PR0CP00 1 no no RN 0.999297 se se P00CN00 0.494509 puede poder VMIP3S0 0.999693 explorar explorar VMN0000 1 la el DA0FS0 0.98926 MIH SDfilesmergedinorder-TEI_pos-fl.txt
- 78 PR0CN00 0.550139 analicen analizar VMSP3P0 0.941964 que que CS 0.449861 cambios cambio NCMP000 1 se se P00CN00 0.494509 producen producir VMIP3P0 1 en en SP 1 el el DA0MS0 1 espesor SDfilesmergedinorder-TEI_pos-fl.txt

79 MP00PM 0.303922 con con SP 1 extracciones extracción NCFP000 1 , , Fc 1 cuando cuando CS 0.86298 se se P00CN00 0.494509 produce producir VMIP3S0 0.997076 una uno DI0FS0 0.951973 retracción retracción NCFS000 1 en SDfilesmergedinorder-TEI_pos-fl.txt

80 selectivo NCMS000 0.438818 sobre sobre SP 0.997804 qué qué DT0CN0 0.216289 casos caso NCMP000 1 se se P00CN00 0.494509 pueden poder VMIP3P0 1 beneficiar beneficiar VMN0000 1 de de SP 0.999961 las el SDfilesmergedinorder-TEI_pos-fl.txt

81 3P0 1 movimientos movimiento NCMP000 1 dentales dental AQ0CP00 0.661294 que que PROCN00 0.550139 se se P00CN00 0.494509 extienden extender VMIP3P0 1 más_allá_de más_allá_de SP 1 los SDfilesmergedinorder-TEI_pos-fl.txt

82 en SP 1 los el DA0MP0 0.992728 que que PROCN00 0.550139 no no RN 0.999297 se se P00CN00 0.494509 sabe saber VMIP3S0 0.997925 si si CS 0.999827 realizar realizar VMN0000 1 extracciones extracción SDfilesmergedinorder-TEI_pos-fl.txt

83 0 1 . . Fp 1 , , Fc 1 en en SP 1 1995 1995 Z 1 mostraron mostrar VMIS3P0 1 que que CS 0.449861 se se P00CN00 0.494509 puede poder VMIP3S0 0.999693 obtener obtener VMN0000 1 una uno DI0FS0 0.951973 evaluación SDfilesmergedinorder-TEI_pos-fl.txt

84 AQ0CS00 0.365702 , , Fc 1 los el DA0MP0 0.992728 autores autor NCMP000 1 no no RN 0.999297 se se P00CN00 0.494509 ponen poner VMIP3P0 1 de de SP 0.999961 acuerdo acuerdo NCMS000 0.999311 . . Fp 1 Ahn SDfilesmergedinorder-TEI_pos-fl.txt

85 tratar VMP00PM 0.303922 con con SP 1 extracciones extracción NCFP000 1 , , Fc 1 y y CC 0.999989 se se P00CN00 0.494509 realiza realizar VMIP3S0 0.991803 una uno DI0FS0 0.951973 retracción retracción NCFS000 1 incisiva SDfilesmergedinorder-TEI_pos-fl.txt

86 92728 artículos artículo NCMP000 1 controlado controlar VMP00SM 1 en en SP 1 que que CS 0.449861 se se P00CN00 0.494509 realiza realizar VMIP3S0

0.991803 diferenciación diferenciación NCFS000 1 de de SP 0.999961 los el

SDfilesmergedinorder-TEI_pos-fl.txt

87 00 1)) Fpt 1 , , Fc 1 los el DA0MP0 0.992728 cambios cambio NCMP000 1

que que PROCN00 0.550139 se se P00CN00 0.494509 producen producir

VMIP3P0 1 en en SP 1 el el DA0MS0 1 hueso SDfilesmergedinorder-TEI_pos-fl.txt

88 plazo NCMS000 1 los el DA0MP0 0.992728 cambios cambio NCMP000 1 que

que PROCN00 0.550139 se se P00CN00 0.494509 producen producir VMIP3P0 1 en

en SP 1 el el DA0MS0 1 hueso SDfilesmergedinorder-TEI_pos-fl.txt

89 pa 1 cross cross NCMS000 1 linked linked NCFS000 0.859502)) Fpt 1 , , Fc 1

esto este PD00S00 1 se se P00CN00 0.494509 traduce traducir VMIP3S0

0.989241 en en SP 1 una uno DIOFS0 0.951973 reducción SDfilesmergedinorder-TEI_pos-fl.txt

90 p 1 7,8,12 7,8,12 Z 1 </p> <p> Nuestros nuestros NP00000 1 resultados

resultado NCMP000 0.998596 se se P00CN00 0.494509 comparten compartir

VMIP3P0 1 con con SP 1 algunos alguno DI0MP0 0.60333 estudios,8,12,13,14,15
SDfilesmergedinorder-TEI_pos-fl.txt

91 VMP00PM 1 con con SP 1 luz luz NCFS000 1 , , Fc 1 esto este PD00S00 1 se

se P00CN00 0.494509 debe deber VMIP3S0 0.998712 a a SP 0.998775 la el

DA0FS0 0.98926 mayor SDfilesmergedinorder-TEI_pos-fl.txt

92 _min:30 Zu 1 - - Fg 1 72_h TM_h:72 Zu 1)) Fpt 1 , , Fc 1 esto este PD00S00 1

se se P00CN00 0.494509 debe deber VMIP3S0 0.998712 a a SP 0.998775 la el

DA0FS0 0.98926 elongación SDfilesmergedinorder-TEI_pos-fl.txt

93 0000 1 se se PP3CN00 1 , , Fc 1 lo el DA00S0 0.665165 que que PROCN00

0.550139 se se P00CN00 0.494509 conoce conocer VMIP3S0 0.993421 como como

CS 0.967153 comportamiento comportamiento NCMS000 1 dúctil dúctil

SDfilesmergedinorder-TEI_pos-fl.txt

94 de SP 0.999961 aire,8,20 aire,8,20 Z 1 lo el DA00S0 0.665165 que que

PROCN00 0.550139 se se P00CN00 0.494509 traduce traducir VMIP3S0

0.989241 en en SP 1 mejor mejor AQ0CS00 0.787388 respuesta

SDfilesmergedinorder-TEI_pos-fl.txt

95 4863 proporcional proporcional AQ0CS00 1 , , Fc 1 estos este PD0MP00

0.0279912 no no RN 0.999297 se se P00CN00 0.494509 deforman deformar

VMIP3P0 1 sino sino CC 0.999154 se se P00CN00 0.494509 fracturan

SDfilesmergedinorder-TEI_pos-fl.txt

96 no RN 0.999297 se se P00CN00 0.494509 deforman deformar VMIP3P0 1 sino

sino CC 0.999154 se se P00CN00 0.494509 fracturan fracturar VMIP3P0 1

inmediatamente inmediatamente RG 1 , , Fc 1 por_lo_tanto por_

SDfilesmergedinorder-TEI_pos-fl.txt

97 VMIP3P0 1 inmediatamente inmediatamente RG 1 , , Fc 1 por_lo_tanto

por_lo_tanto RG 1 se se P00CN00 0.494509 describe describir VMIP3S0 0.989241

como como CS 0.967153 un uno DI0MS0 0.99698 material

SDfilesmergedinorder-TEI_pos-fl.txt

98 99101 de de SP 0.999961 polimerización polimerización NCFS000 1 radical

radical AQ0CS00 0.991803 se se P00CN00 0.494509 encuentra encontrar

VMIP3S0 0.97619 todavía todavía RG 1 en en SP 1 progreso.21 progreso.21

SDfilesmergedinorder-TEI_pos-fl.txt

99 enómeno NCMP000 1 de de SP 0.999961 relajación relajación NCFS000 1 , ,

Fc 1 esto este PD00S00 1 se se P00CN00 0.494509 traduce traducir VMIP3S0

0.989241 en en SP 1 provisionales provisional AQ0CP00 1 con

SDfilesmergedinorder-TEI_pos-fl.txt

100 0.449861 el el DA0MS0 1 comportamiento comportamiento NCMS000 1

clínico clínico AQ0MS00 0.661294 se se P00CN00 0.494509 puede poder

VMIP3S0 0.999693 predecir predecir VMN0000 1 con con SP 1 precaución precaución

SDfilesmergedinorder-TEI_pos-fl.txt

101 0 0.99698 material material NCMS000 0.783688 provisional provisional

AQ0CS00 1 no no RN 0.999297 se se P00CN00 0.494509 basa basar VMIP3S0

0.421881 únicamente únicamente RG 1 en en SP 1 sus su SDfilesmergedinorder-

TEI_pos-fl.txt

- 102 VSIP3S0 1 por por SP 1 eso ese PD00S00 1 que que PROCN00 0.550139 se se P00CN00 0.494509 deben deber VMIP3P0 1 valorar valorar VMN0000 1 otros otro DI0MP0 0.745978 factores SDfilesmergedinorder-TEI_pos-fl.txt
- 103 AQ0CS00 1 . . Fp 1 Por por SP 1 tal tal DD0CS0 0.672764 motivo motivo NCMS000 0.992395 se se P00CN00 0.494509 recomienda recomendar VMIP3S0 0.97619 realizar realizar VMN0000 1 estudios estudio NCMP000 1 clínicos clínico SDfilesmergedinorder-TEI_pos-fl.txt
- 104 NCCS000 0.634298 de de SP 0.999961 la el DA0FS0 0.98926 expiración expiración NCFS000 1 , , Fc 1 se se P00CN00 0.494509 elige elegir VMIP3S0 0.97619 como como CS 0.967153 postura postura NCFS000 1 cefálica cefálico SDfilesmergedinorder-TEI_pos-fl.txt
- 105 que PROCN00 0.550139 a a SP 1 el el DA0MS0 1 eliminar eliminar VMN0000 1 se se PP3CN00 1 deja dejar VMIP3S0 0.992395 de de SP 0.999961 ser ser VSN0000 0.959637 heterogéneo heterogéneo SDfilesmergedinorder-TEI_pos-fl.txt
- 106 ar AQ0CS00 1 ((Fpa 1 MMA mma NP00000 0.47288)) Fpt 1 , , Fc 1 generalmente generalmente RG 1 se se P00CN00 0.494509 avanza avanzar VMIP3S0 0.980769 primero primero RG 0.313084 el el DA0MS0 1 maxilar SDfilesmergedinorder-TEI_pos-fl.txt
- 107 mo máximo AQ0MS00 0.863176 , , Fc 1 a a SP 0.998775 continuación continuación NCFS000 1 , , Fc 1 se se P00CN00 0.494509 avanza avanzar VMIP3S0 0.980769 la el DA0FS0 0.98926 mandíbula mandíbula NCFS000 1 en SDfilesmergedinorder-TEI_pos-fl.txt
- 108 1 mecanismos mecanismo NCMP000 1 etiológicos etiológico AQ0MP00 1 descritos describir VMP00PM 1 se se P00CN00 0.494509 tiende tender VMIP3S0 0.983871 a a SP 0.998775 considerar considerar VMN0000 1 que que SDfilesmergedinorder-TEI_pos-fl.txt
- 109 989 caries caries NCFN000 0.698105 en en SP 1 los el DA0MP0 0.992728 niños niño NCMP000 0.998721 se se P00CN00 0.494509 debe deber VMIP3S0

0.998712 principalmente principalmente RG 1 a a SP 0.998775 que que

SDfilesmergedinorder-TEI_pos-fl.txt

110 1 el el DA0MS0 1 tabaco tabaco NCMS000 1 en en SP 1 niños niño NCMP000

0.998721 se se P00CN00 0.494509 asocia asociar VMIP3S0 0.98924

significativamente significativamente RG 1 a a SP 0.998775 bajo bajo

SDfilesmergedinorder-TEI_pos-fl.txt

111 NCFS000 1 a a SP 1 el el DA0MS0 1 32 32 Z 1 que que PROCN00 0.550139

se se P00CN00 0.494509 centra centrar VMIP3S0 0.97619 en en SP 1 la el

DA0FS0 0.98926 dentición SDfilesmergedinorder-TEI_pos-fl.txt

112 26 mayoría mayoría NCFS000 1 de de SP 0.999961 los el DA0MP0 0.992728

estudios estudio NCMP000 1 se se P00CN00 0.494509 basan basar VMIP3P0 1 en

en SP 1 cuestionarios cuestionario NCMP000 1 administrados administrar

SDfilesmergedinorder-TEI_pos-fl.txt

113 AQ0CS00 0.9995 vida vida NCFS000 1 media medio AQ0FS00 0.870567 , ,

Fc 1 y y CC 0.999989 se se P00CN00 0.494509 considera considerar VMIP3S0

0.998721 como como CS 0.967153 un uno DI0MS0 0.99698 fiable

SDfilesmergedinorder-TEI_pos-fl.txt

114 y CC 0.999989 orina44 orina44 Z 1 . . Fp 1 Por por SP 1 ello ello PD00S00 1

se se P00CN00 0.494509 recomienda recomendar VMIP3S0 0.97619 que que CS

0.449861 junto_a junto_a SP 1 SDfilesmergedinorder-TEI_pos-fl.txt

115 decir decir VMN0000 0.998575 que que CS 0.449861 los el DA0MP0 0.992728

hombres hombre NCMP000 1 se se P00CN00 0.494509 ven ver VMIP3P0 0.992958

más más RG 0.99993 afectado afectar VMP00SM 0.994186 por

SDfilesmergedinorder-TEI_pos-fl.txt

116 SP 1 el el DA0MS0 1 presente presente AQ0CS00 0.524254 estudio estudio

NCMS000 0.97043 , , Fc 1 se se P00CN00 0.494509 observa observar VMIP3S0

0.989241 un uno DI0MS0 0.99698 menor menor AQ0CS00 0.977178

SDfilesmergedinorder-TEI_pos-fl.txt

117 en NP00000 1 el el DA0MS0 1 presente presente AQ0CS00 0.524254 trabajo

trabajo NCMS000 0.975768 se se P00CN00 0.494509 observa observar VMIP3S0

0.989241 una uno DI0FS0 0.951973 correlación correlación NCFS000 1 negativa

SDfilesmergedinorder-TEI_pos-fl.txt

118 de SP 1 el el DA0MS0 1 cuestionario cuestionario NCMS000 1 PIDAQ pidaq

NP00000 1 , , Fc 1 se se P00CN00 0.494509 observa observar VMIP3S0

0.989241 una uno DI0FS0 0.951973 correlación correlación NCFS000 1 positiva

SDfilesmergedinorder-TEI_pos-fl.txt

119 función NCFS000 1 de de SP 1 el el DA0MS0 1 sexo sexo NCMS000 1 , , Fc 1

se se P00CN00 0.494509 observa observar VMIP3S0 0.989241 que que CS

0.449861 los el DA0MP0 0.992728 hombres SDfilesmergedinorder-TEI_pos-

fl.txt

120 sexo NCMS000 1 , , Fc 1 y y CC 0.999989 en en SP 1 ellos ellos PP3MP00 1

se se P00CN00 0.494509 concluye concluir VMIP3S0 0.865854 que que CS

0.449861 en en SP 1 general general SDfilesmergedinorder-TEI_pos-fl.txt

121 S0 0.98926 belleza belleza NCFS000 1 y y CC 0.999989 estética estética

NCFS000 0.822581 , , Fc 1 se se P00CN00 0.494509 sienten sentir VMIP3P0

0.953488 más más RG 0.99993 afectadas afectar VMP00PF 0.990196 por

SDfilesmergedinorder-TEI_pos-fl.txt

122 VMP00PF 0.990196 por por SP 1 lo el DA00S0 0.665165 que que PROCN00

0.550139 se se P00CN00 0.494509 consideran considerar VMIP3P0 1 defectos

defecto NCMP000 1 estéticos estético AQ0MP00 1 faciales

SDfilesmergedinorder-TEI_pos-fl.txt

123 ncia NCFS000 0.99679 mayoritaria mayoritario AQ0FS00 1 de de SP 0.999961

mujeres mujer NCFP000 1 se se P00CN00 0.494509 debe deber VMIP3S0

0.998712 a a SP 1 el el DA0MS0 1 mayor SDfilesmergedinorder-TEI_pos-fl.txt

124 microtensil NCMS000 1 en en SP 1 MPa mpa NP00000 1 . . Fp 1 Ésta este

PD0FS00 1 se se P00CN00 0.494509 calcula calcular VMIP3S0 0.990196

mediante mediante SP 0.99763 el el DA0MS0 1 test SDfilesmergedinorder-

TEI_pos-fl.txt

125 roscopio estereomicroscopio NCMS000 1 . . Fp 1 Los el DA0MP0 0.992728

bastones bastón NCMP000 1 se se P00CN00 0.494509 fijan fijar VMIP3P0 1 con

con SP 1 adhesivo adhesivo NCMS000 0.33872 de de SDfilesmergedinorder-
TEI_pos-fl.txt

126 adhesivo NCMS000 0.33872 de de SP 0.999961 cianoacrilato cianoacrilato
NCMS000 1 y y CC 0.999989 se se P00CN00 0.494509 someten someter VMIP3P0
1 a a SP 0.998775 una uno DI0FS0 0.951973 carga SDfilesmergedinorder-
TEI_pos-fl.txt

127 0.990132 plazo plazo NCMS000 1 . . Fp 1 Este este DD0MS0 0.949201 hecho
hecho NCMS000 0.361738 se se P00CN00 0.494509 observa observar VMIP3S0
0.989241 en en SP 1 los el DA0MP0 0.992728 datos SDfilesmergedinorder-
TEI_pos-fl.txt

128 6 y y CC 0.999989 envejecidos envejecer VMP00PM 1 artificialmente
artificialmente RG 1 . . Fp 1 Se se P00CN00 0.494509 observa observar VMIP3S0
0.989241 un uno DI0MS0 0.99698 aumento aumento NCMS000 0.998188 de
SDfilesmergedinorder-TEI_pos-fl.txt

129 OMP00 1 . . Fp 1 Por por SP 1 lo el DA00S0 0.665165 que que PR0CN00
0.550139 se se P00CN00 0.494509 puede poder VMIP3S0 0.999693 decir decir
VMN0000 0.998575 que que CS 0.449861 el el SDfilesmergedinorder-TEI_pos-
fl.txt

130 rango NCMS000 1 en en SP 1 el el DA0MS0 1 que que PR0CN00 0.550139 se
se P00CN00 0.494509 encuentran encontrar VMIP3P0 1 los el DA0MP0
0.992728 valores valor NCMP000 0.99763 de SDfilesmergedinorder-TEI_pos-
fl.txt

131 NCMS000 1 , , Fc 1 todos todo DI0MP0 0.70665 los el DA0MP0 0.992728
estudios estudio NCMP000 1 se se P00CN00 0.494509 analizan analizar VMIP3P0
1 con con SP 1 una uno DI0FS0 0.951973 duración SDfilesmergedinorder-
TEI_pos-fl.txt

132 0.928353 ese ese DD0MS0 0.966694 tiempo tiempo NCMS000 1 y y CC
0.999989 si si CS 0.999827 se se P00CN00 0.494509 mantiene mantener
VMIP3S0 1 la el DA0FS0 0.98926 fuerza fuerza NCFS000 0.99684 adhesiva
SDfilesmergedinorder-TEI_pos-fl.txt

133 n destrucción NCFS000 1 de de SP 0.999961 los el DA0MP0 0.992728 tejidos tejido NCMP000 0.738095 se se P00CN00 0.494509 considera considerar VMIP3S0 0.998721 que que CS 0.449861 es ser VSIP3S0 1 el

SDfilesmergedinorder-TEI_pos-fl.txt

134 8-hidroxi-2 8-hidroxi-2 Z 1 ' ' Frc 1 - - Fg 1 desoxiguanosina desoxiguanosina NCFS000 0.500187 se se P00CN00 0.494509 forma formar VMIP3S0 0.0116473 por por SP 1 la el DA0FS0 0.98926 oxidación SDfilesmergedinorder-TEI_pos-fl.txt

135 NCMP000 0.488706 con con SP 1 enfermedad enfermedad NCFS000 1 periodontal periodontal AQ0CS00 1 se se P00CN00 0.494509 encuentran encontrar VMIP3P0 1 muy muy RG 1 elevados elevar VMP00PM 1 con_

SDfilesmergedinorder-TEI_pos-fl.txt

136 NP00000 0.000385505)) Fpt 1 en en SP 1 la el DA0FS0 0.98926 que que PR0CN00 0.550139 se se P00CN00 0.494509 califica calificar VMIP3S0 0.66129 a a SP 0.998775 los el DA0MP0 0.992728 estudios SDfilesmergedinorder-TEI_pos-fl.txt

SD Imperfect (hablaba, escribía): VMII*

1 CS 1 los el DA0MP0 0.992728 que que PR0CN00 0.550139 si si CS 0.999827 acudían acudir VMII3P0 1 regularmente regularmente RG 1 presentaban presentar VMII3P0 1 porcentajes porcentaje NCMP000 SDfilesmergedinorder-TEI_pos-fl.txt

2 s resultado NCMP000 0.998596 obtenidos obtener VMP00PM 1 se se P00CN00 0.494509 asemejaban asemejar VMII3P0 1 a a SP 0.998775 los el

DA0MP0 0.992728 conseguidos conseguir VMP00PM 1 con con

SDfilesmergedinorder-TEI_pos-fl.txt

3 ingesta ingesta NCFS000 1 nutricional nutricional AQ0CS00 1 se se P00CN00
0.494509 asociaba asociar VMII3S0 0.65 a a SP 0.998775 una uno DI0FS0 0.951973
mayor mayor AQ0CS00 0.9995 prevalencia prevalencia SDfilesmergedinorder-
TEI_pos-fl.txt

4 edia medio AQ0FS00 0.870567 ICAOS icaos NP00000 1 conforme conforme
RG 0.0988037 aumentaba aumentar VMII3S0 0.65 la el DA0FS0 0.98926 ingesta
ingesta NCFS000 1 de de SP 0.999961 alimentos alimento NCMP000

SDfilesmergedinorder-TEI_pos-fl.txt

5 adres padre NCMP000 1 fumadores fumador AQ0MP00 0.361294 se se
P00CN00 0.494509 cepillaban cepillar VMII3P0 1 menos menos RG 0.990694 sus
su DP3CPN 0.999903 dientes diente NCMP000 0.992424 y y CC 0.999989

SDfilesmergedinorder-TEI_pos-fl.txt

6 nos RG 0.990694 sus su DP3CPN 0.999903 dientes diente NCMP000 0.992424
y y CC 0.999989 comían comer VMII3P0 1 más más RG 0.99993 entre entre SP
0.980341 horas hora NCFP000 1 teniendo tener VMG0000 1 así

SDfilesmergedinorder-TEI_pos-fl.txt

7 o DI0MP0 0.745978 autores autor NCMP000 1 , , Fc 1 que que PROCN00
0.550139 consideraban considerar VMII3P0 1 que que CS 0.449861 a_partir_de
a_partir_de SP 1 los el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

8 en SP 1 el el DA0MS0 1 metaanálisis metaanálisis NCMN000 1 sólo sólo RG
1 contaban contar VMII3P0 1 con con SP 1 dos 2 Z 0.999868 estudios estudio
NCMP000 1 y y CC 0.999989 de de SDfilesmergedinorder-TEI_pos-fl.txt

9 0.449861 los el DA0MP0 0.992728 niños niño NCMP000 0.998721 que que
PROCN00 0.550139 crecían crecer VMII3P0 1 con con SP 1 padres padre NCMP000
1 fumadores fumador AQ0MP00 0.361294 se se P00 SDfilesmergedinorder-
TEI_pos-fl.txt

10 uellos aquel DD0MP0 0.593168 artículos artículo NCMP000 1 que que
PROCN00 0.550139 cumplían cumplir VMII3P0 1 los el DA0MP0 0.992728

estrictos estricto AQ0MP00 1 criterios criterio NCMP000 1 de de

SDfilesmergedinorder-TEI_pos-fl.txt

11 999961 calidad calidad NCFS000 1 , , Fc 1 ya_que ya_que CS 1 solo solo RG
0.210162 cumplían cumplir VMII3P0 1 el el DA0MS0 1 criterio criterio NCMS000 1
de de SP 0.999961 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

12 esta este DD0FS0 0.978817 diferencia diferencia NCFS000 0.879908 se se
P00CN00 0.494509 debía deber VMII3S0 0.65 a a SP 0.998775 un uno DI0MS0
0.99698 error error NCMS000 1 en en SP 1 SDfilesmergedinorder-TEI_pos-
fl.txt

13 CFN000 1 de de SP 0.999961 Handelman handelman NP00000 1 que que
PROCNO0 0.550139 defendía defender VMII3S0 0.635716 que que CS 0.449861
existen existir VMIP3P0 1 limitaciones limitación NCFP000 1 a a SP

SDfilesmergedinorder-TEI_pos-fl.txt

14 NCMS000 1 de de SP 1 el el DA0MS0 1 disco disco NCMS000 1 , , Fc 1
dependía depender VMII3S0 0.635716 de de SP 0.999961 cuanto cuanto PROMS00
0.577236 estuviera estar VMSI1S0 0.488095 despl SDfilesmergedinorder-TEI_pos-
fl.txt

15 ara para SP 0.999834 este este DD0MS0 0.949201 metaanálisis metaanálisis
NCMN000 1 diferían diferir VMII3P0 1 entre entre SP 0.980341 ellos ellos PP3MP00
1 en en SP 1 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

16 tología NCFS000 1 de de SP 0.999961 cuarto 4 AO0MS00 0.651877 año año
NCMS000 1 duplicaban duplicar VMII3P0 1 la el DA0FS0 0.98926 prevalencia
prevalencia NCFS000 1 de de SP 0.999961 burnout burnout NCMS0

SDfilesmergedinorder-TEI_pos-fl.txt

17 un uno DI0MS0 0.99698 44_% 44/100 Zp 1 de de SP 0.999961 ellos ellos
PP3MP00 1 empeoraban empeorar VMII3P0 1 de de SP 0.999961 su su DP3CSN 1
sintomatología sintomatología NCFS000 1 tras tras SP 1 SDfilesmergedinorder-
TEI_pos-fl.txt

18 SP 1 los el DA0MP0 0.992728 grupos grupo NCMP000 1 que que PROCNO0
0.550139 empleaban emplear VMII3P0 1 la el DA0FS0 0.98926 clorhexidina

clorhexidina NCFS000 1 e y CC 0.987994 iba ir VMII3 SDfilesmergedinorder-
TEI_pos-fl.txt

19 otro otro DI0MS0 0.658501 estudios estudio NCMP000 1 se se P00CN00
0.494509 encontraba encontrar VMII3S0 0.65 entre entre SP 0.980341 0.80 0.80 Z
1 y y CC 0.999989 0.94 0.94 Z 1 . . Fp 1 [[Fca 1 8 8 SDfilesmergedinorder-
TEI_pos-fl.txt

20 SP 1 el el DA0MS0 1 tratamiento tratamiento NCMS000 1 se se P00CN00
0.494509 encontraban encontrar VMII3P0 1 dentro_de dentro_de SP 1 los el
DA0MP0 0.992728 límites límite NCMP000 1 normales SDfilesmergedinorder-
TEI_pos-fl.txt

21 autores autor NCMP000 1 , , Fc 1 los el DA0MP0 0.992728 cuales cual
PR0CP00 1 encontraban encontrar VMII3P0 1 un uno DI0MS0 0.99698 mayor mayor
AQ0CS00 0.9995 apiñamiento apiñamiento NCMS000 1 cuando cuan
SDfilesmergedinorder-TEI_pos-fl.txt

22 1 como como CS 0.967153 inhibidor inhibidor NCMS000 0.6137 solo solo
AQ0MS00 0.787529 estaba estar VMII3S0 0.499587 relacionado relacionar
VMP00SM 1 con con SP 1 el el DA0MS0 1 tiempo tiempo
SDfilesmergedinorder-TEI_pos-fl.txt

23 DA0FS0 0.98926 mitad mitad NCFS000 1 de de SP 0.999961 ellos ellos
PP3MP00 1 estaban estar VMII3P0 0.997788 sanos sano AQ0MP00 1 ((Fpa 1 2.89
2.89 Z 1)) Fpt 1 y y CC 0.999989 a_pesar_de SDfilesmergedinorder-TEI_pos-
fl.txt

24 AQ0MS00 1 , , Fc 1 TAC tac NP00000 1 y y CC 0.999989 Gpx gpx NP00000
1 estaban estar VMII3P0 0.997788 significativamente significativamente RG 1
disminuidos disminuir VMP00PM 1 . . Fp 1 </p SDfilesmergedinorder-TEI_pos-
fl.txt

25 1 el DA0MS0 1 presente presente AQ0CS00 0.524254 estudio estudio
NCMS000 0.97043 estudiaba estudiar VMII3S0 0.65 la el DA0FS0 0.98926
sensibilidad sensibilidad NCFS000 1 a a SP 0.998775 nivel nivel NCMS00
SDfilesmergedinorder-TEI_pos-fl.txt

26 S000 1 y y CC 0.999989 aquellos aquel PD0MP00 0.406832 que que PROCN00
0.550139 estudiaban estudiar VMII3P0 1 en en SP 1 universidades universidad
NCFP000 1 públicas público AQ0FP00 1 o o CC 0.999864
SDfilesmergedinorder-TEI_pos-fl.txt

27 0 1 único único AQ0MS00 1 incluido incluir VMP00SM 1 que que PROCN00
0.550139 evaluaba evaluar VMII3S0 0.626937 la el DA0FS0 0.98926 VAS vas
NP00000 1 mediante mediante SP 0.99763 RM rm NP00000 1
SDfilesmergedinorder-TEI_pos-fl.txt

28 tantes sextante NCMP000 1 por por SP 1 individuo individuo NCMS000
0.986111 evidenciaban evidenciar VMII3P0 1 bolsas bolsa NCFP000 1 periodontales
periodontal AQ0CP00 1 de de SP 0.999961 3.5 3.5 Z 1 a a
SDfilesmergedinorder-TEI_pos-fl.txt

29 000 0.97043 para para SP 0.999834 determinar determinar VMN0000 1 si si CS
0.999827 existía existir VMII3S0 0.65 alguna alguno DI0FS0 0.820285 relación
relación NCFS000 1 entre entre SP 0.980341 el el DA0 SDfilesmergedinorder-
TEI_pos-fl.txt

30 P00CN00 0.494509 observó observar VMIS3S0 1 que que CS 0.449861 no no
RN 0.999297 existía existir VMII3S0 0.65 un uno DI0MS0 0.99698 aumento aumento
NCMS000 0.998188 de de SP 0.999961 la el DA0 SDfilesmergedinorder-TEI_pos-
fl.txt

31 control NCMS000 1 . . Fp 1 Incluso incluso RG 0.998488 se se P00CN00
0.494509 favorecía favorecer VMII3S0 0.63637 el el DA0MS0 1 grupo grupo
NCMS000 1 control control NCMS000 1 respecto_a respecto_
SDfilesmergedinorder-TEI_pos-fl.txt

32 97043 este este DD0MS0 0.949201 porcentaje porcentaje NCMS000 1 se se
P00CN00 0.494509 fijaba fijar VMII3S0 0.649996 en en SP 1 15.8_% 15.8/100
Zp 1 . . Fp 1 Por por SP 1 último último AO0MS00 1 a SDfilesmergedinorder-
TEI_pos-fl.txt

33 0MS0 1 DAI dai NP00000 1 , , Fc 1 concluyó concluir VMIS3S0 1 que que CS
0.449861 había haber VMII3S0 0.000147406 entre entre SP 0.980341 ellas ellos

PP3FP00 1 una uno DI0FS0 0.951973 correlación co SDfilesmergedinorder-
TEI_pos-fl.txt

34 a moderar VMP00SF 0.623747 concordancia concordancia NCFS000 1 que que
PROCNO0 0.550139 había haber VMII3S0 0.000147406 entre entre SP 0.980341
ICDAS_II icdas_ii NP00000 1 y y CC 0.999989 el el SDfilesmergedinorder-
TEI_pos-fl.txt

35 VMII3P0 1 la el DA0FS0 0.98926 clorhexidina clorhexidina NCFS000 1 e y
CC 0.987994 iba ir VMII3S0 0.64348 aumentando aumentar VMG0000 1 a a SP
0.998775 mayor mayor AQ0CS00 0.9995 tiempo tiempo N
SDfilesmergedinorder-TEI_pos-fl.txt

36 CFP000 0.998103 de de SP 0.999961 casos caso NCMP000 1 que que
PROCNO0 0.550139 ilustraban ilustrar VMII3P0 1 un uno DI0MS0 0.99698 nuevo
nuevo AQ0MS00 1 enfoque enfoque NCMS000 0.86795 de de
SDfilesmergedinorder-TEI_pos-fl.txt

37 _diferencia_de SP 1 el el DA0MS0 1 nuestro nuestro AP0MS1P 0.0429363
incluía incluir VMII3S0 0.65 estudios estudio NCMP000 1 con con SP 1 tamaños
tamaño NCMP000 0.637053 muestrales muestral SDfilesmergedinorder-TEI_pos-
fl.txt

38 1 varios varios DI0MP0 0.9139 estudios estudio NCMP000 1 que que
PROCNO0 0.550139 indicaban indicar VMII3P0 1 el el DA0MS0 1 aumento
aumento NCMS000 0.998188 de de SP 0.999961 la el DA0
SDfilesmergedinorder-TEI_pos-fl.txt

39 NCFS000 1 que que PROCNO0 0.550139 no no RN 0.999297 se se P00CN00
0.494509 llegaba llegar VMII3S0 0.65 a a SP 0.998775 establecer establecer
VMN0000 1 una uno DI0FS0 0.951973 remodelación remode
SDfilesmergedinorder-TEI_pos-fl.txt

40 r VMP00SF 0.819767 heterogeneidad heterogeneidad NCFS000 1 se se
P00CN00 0.494509 mantenía mantener VMII3S0 0.622727 independientemente
independientemente RG 1 de de SP 1 el el DA0MS0 1 método método NCMS
SDfilesmergedinorder-TEI_pos-fl.txt

41 uir VMIP3S0 0.95045 9 9 Z 1 artículos artículo NCMP000 1 que que PROCN00 0.550139 mostraban mostrar VMII3P0 1 a a SP 0.998775 la el DA0FS0 0.98926 especie especie NCFS000 1 reactiva reactivo AQ0 SDfilesmergedinorder-TEI_pos-fl.txt

42 49861 todos todo DI0MP0 0.70665 los el DA0MP0 0.992728 estudios estudio NCMP000 1 mostraban mostrar VMII3P0 1 una uno DIOFS0 0.951973 relación relación NCFS000 1 positiva positivo AQ0FS00 1 entre entre SDfilesmergedinorder-TEI_pos-fl.txt

43 plot NCMS000 1 en en SP 1 donde donde PR00000 0.982827 se se P00CN00 0.494509 observaba observar VMII3S0 0.649996 cierta cierto DIOFS0 0.774725 simetría simetría NCFS000 1 , , Fc 1 el el DA0MS0 1 class SDfilesmergedinorder-TEI_pos-fl.txt

44 1 lo el DA00S0 0.665165 que que PROCN00 0.550139 se se P00CN00 0.494509 obtenía obtener VMII3S0 0.644494 la el DA0FS0 0.98926 media media NCFS000 0.125887 ponderada ponderar VMP00SF 1 de de SDfilesmergedinorder-TEI_pos-fl.txt

45 78 estudios estudio NCMP000 1 revisados revisar VMP00PM 1 que que PROCN00 0.550139 oscilaba oscilar VMII3S0 0.65 entre entre SP 0.980341 el el DA0MS0 1 40.1 40.1 Z 1 y y CC 0.999989 el el SDfilesmergedinorder-TEI_pos-fl.txt

46 riores anterior AQ0CP00 1 estudios estudio NCMP000 1 publicados publicar VMP00PM 1 oscilaba oscilar VMII3S0 0.65 entre entre SP 0.980341 0.73 0.73 Z 1 y y CC 0.999989 0.93 0.93 Z 1 [[Fca 1 9 9 Z 1 , , F SDfilesmergedinorder-TEI_pos-fl.txt

47 el DA0MP0 0.992728 niños niño NCMP000 0.998721 con con SP 1 HSPM hspm NP00000 1 padecían padecer VMII3P0 1 de de SP 0.999961 MIH mih NP00000 1 . . Fp 1 Da dar VMIP3S0 0.998555 Costa-Silva SDfilesmergedinorder-TEI_pos-fl.txt

48 SP 1 el el DA0MS0 1 estudio estudio NCMS000 0.97043 que que PROCN00 0.550139 padecían padecer VMII3P0 1 periodontitis periodontitis NCFN000 1

moderada-severa moderada-severa AQ0FS00 1 con con SP 1 a

SDfilesmergedinorder-TEI_pos-fl.txt

49 000 0.982827 los el DA0MP0 0.992728 ortodoncistas ortodoncistas NCCP000
0.416928 percibían percibir VMII3P0 1 mayor mayor AQ0CS00 0.9995 necesidad
necesidad NCFS000 1 de de SP 0.999961 tratamiento tratami

SDfilesmergedinorder-TEI_pos-fl.txt

50 1913 de de SP 0.999961 saliva saliva NCFS000 0.874645 , , Fc 1 que que
PR0CN00 0.550139 podía poder VMII3S0 0.643617 ser ser VSN0000 0.959637
estimulada estimular VMP00SF 1 o o CC 0.999864 no no RN 0.9992

SDfilesmergedinorder-TEI_pos-fl.txt

51 NCFP000 0.685185 clínicas clínico AQ0FP00 0.614205 y y CC 0.999989 no no
RN 0.999297 podíamos poder VMII1P0 1 medir medir VMN0000 1 el el
DA0MS0 1 burnout burnout NCMS000 1 sin sin SP 1 SDfilesmergedinorder-
TEI_pos-fl.txt

52 y CC 0.999989 si si CS 0.999827 estos este DD0MP0 0.972009 factores factor
NCMP000 1 podían poder VMII3P0 1 afectar afectar VMN0000 1 a a SP 0.998775 la
el DA0FS0 0.98926 degradación degradación NCFS000 SDfilesmergedinorder-
TEI_pos-fl.txt

53 d NCFS000 1 y y CC 0.999989 la el DA0FS0 0.98926 especificidad
especificidad NCFS000 1 podían poder VMII3P0 1 deber deber VMN0000 1 se se
PP3CN00 1 a a SP 1 el el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

54 13_% 13/100 Zp 1 de de SP 0.999961 la el DA0FS0 0.98926 población
población NCFS000 1 poseía poseer VMII3S0 0.65 síntomas síntoma NCMP000
1 sugestivos sugestivo AQ0MP00 1 de de SP 0.999961 disfunción disf

SDfilesmergedinorder-TEI_pos-fl.txt

55 .992728 cuales cual PROCP00 1 sólo sólo RG 1 el el DA0MS0 1 8.9_% 8.9/100
Zp 1 presentaba presentar VMII3S0 0.65 una uno DIOFS0 0.951973 afectación
afectación NCFS000 1 avanzada avanzar VMP00SF 0.97619 .

SDfilesmergedinorder-TEI_pos-fl.txt

56 VMIS3P0 1 que que CS 0.449861 el el DA0MS0 1 Vistaproof vistaproof
NP00000 1 presentaba presentar VMII3S0 0.65 algunas alguno DI0FP0 0.640135
dificultades dificultad NCFP000 1 para para SP 0.999834 dete
SDfilesmergedinorder-TEI_pos-fl.txt

57 r VMG0000 1 que que CS 0.449861 el el DA0MS0 1 VistaProof vistaproof
NP00000 1 presentaba presentar VMII3S0 0.65 dificultades dificultad NCFP000 1
para para SP 0.999834 la el DA0FS0 0.98926 detección dete
SDfilesmergedinorder-TEI_pos-fl.txt

58 estrés estrés NCMS000 1 oxidativo oxidativo AQ0MS00 1 que que PROCN00
0.550139 presentaba presentar VMII3S0 0.65 mayores mayor AQ0CP00
0.977642 niveles nivel NCMP000 0.987805 en en SP 1 la el DA0
SDfilesmergedinorder-TEI_pos-fl.txt

59 de SP 1 el el DA0MS0 1 metanálisis metanálisis NCMN000 1 porque porque
CS 1 presentaba presentar VMII3S0 0.65 una uno DI0FS0 0.951973 puntuación
puntuación NCFS000 1 muy muy RG 1 baja bajo AQ0 SDfilesmergedinorder-
TEI_pos-fl.txt

60 nte NCCP000 0.996183 de de SP 0.999961 4º 4º Z 1 curso curso NCMS000
0.994505 presentaban presentar VMII3P0 1 unos uno DI0MP0 0.959952 niveles
nivel NCMP000 0.987805 significativamente significativamente
SDfilesmergedinorder-TEI_pos-fl.txt

61 CS 0.449861 con con SP 1 los el DA0MP0 0.992728 que que PROCN00
0.550139 presentaban presentar VMII3P0 1 clase clase NCFS000 1 II ii NP00000 1
((Fpa 1 22 22 Z 1)) Fpt 1 . . Fp 1 Estos este DD0 SDfilesmergedinorder-
TEI_pos-fl.txt

62 100 Zp 1 de de SP 0.999961 los el DA0MP0 0.992728 niños niño NCMP000
0.998721 presentaban presentar VMII3P0 1 todos todo DI0MP0 0.70665 los el
DA0MP0 0.992728 segundos segundo NCMP000 0.909357 molares mol
SDfilesmergedinorder-TEI_pos-fl.txt

63 de de SP 0.999961 los el DA0MP0 0.992728 pacientes paciente NCCP000
0.992958 presentaban presentar VMII3P0 1 un uno DI0MS0 0.99698 alineamiento

alineamiento NCMS000 1 incisal incisal NCMS000 1 inferior i

SDfilesmergedinorder-TEI_pos-fl.txt

64 OFS00 1 con con SP 1 aquellos aquel PD0MP00 0.406832 que que PROCN00
0.550139 presentaban presentar VMII3P0 1 salud salud NCFS000 1 gingival
gingival AQ0CS00 1 , , Fc 1 hemos haber VAIP1P0 0.997509 encont

SDfilesmergedinorder-TEI_pos-fl.txt

65 0.999989 a_pesar_de a_pesar_de SP 1 que que PROCN00 0.550139 1.74 1.74 Z
1 presentaban presentar VMII3P0 1 cálculo cálculo NCMS000 1 , , Fc 1 solo solo
RG 0.210162 0.46 0.46 Z 1 sextantes sextante NCMP SDfilesmergedinorder-
TEI_pos-fl.txt

66 139 si si CS 0.999827 acudían acudir VMII3P0 1 regularmente regularmente
RG 1 presentaban presentar VMII3P0 1 porcentajes porcentaje NCMP000 1 de de SP
0.999961 bolsas bolsa NCFP000 1 más más RG 0.99993 a SDfilesmergedinorder-
TEI_pos-fl.txt

67 1 cada cada DIOCS0 1 caso caso NCMS000 0.999445 , , Fc 1 se se P00CN00
0.494509 pretendía pretender VMII3S0 0.625 únicamente únicamente RG 1
valorar valorar VMN0000 1 la el DA0FS0 0.98926 percepción perce

SDfilesmergedinorder-TEI_pos-fl.txt

68 000 1 . . Fp 1 Nuestro nuestro DP1MSP 0.957064 estudio estudio NCMS000
0.97043 pretendía pretender VMII3S0 0.625 identificar identificar VMN0000 1
a_través_de a_través_de SP 1 RMN rmn NP00000 1 SDfilesmergedinorder-
TEI_pos-fl.txt

69 P00000 1 observaron observar VMIS3P0 1 que que CS 0.449861 se se
P00CN00 0.494509 producía producir VMII3S0 0.65 un uno DI0MS0 0.99698
desplazamiento desplazamiento NCMS000 1 adaptativo adaptativo AQ0MS00

SDfilesmergedinorder-TEI_pos-fl.txt

70 exponer VMP00PM 1 , , Fc 1 lo el DA00S0 0.665165 que que PROCN00
0.550139 producía producir VMII3S0 0.65 una uno DI0FS0 0.951973 disminución
disminución NCFS000 1 de de SP 0.999961 la el DA0 SDfilesmergedinorder-
TEI_pos-fl.txt

- 71 VMIS3P0 1 que que CS 0.449861 no no RN 0.999297 se se P00CN00
0.494509 producían producir VMII3P0 1 cambios cambio NCMP000 1
significativos significativo AQ0MP00 1 en en SP 1 la el DA0
SDfilesmergedinorder-TEI_pos-fl.txt
- 72 Fpa 1 2009 2009 Z 1)) Fpt 1 , , Fc 1 no no RN 0.999297 se se P00CN00
0.494509 producían producir VMII3P0 1 efectos efecto NCMP000 1 adversos
adverso AQ0MP00 1 en en SP 1 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt
- 73 ientras_que mientras_que CS 1 DIAGNOdent diagnodent NP00000 1 se se
P00CN00 0.494509 quedaba quedar VMII3S0 0.65 en en SP 1 0.85 0.85 Z 1 . . Fp 1
Así así RG 0.999409 mismo mismo AQ0MS00 0.802208 , , Fc
SDfilesmergedinorder-TEI_pos-fl.txt
- 74 047 de de SP 0.999961 clorhexidina clorhexidina NCFS000 1 se se P00CN00
0.494509 realizaba realizar VMII3S0 0.65 midiendo medir VMG0000 1 la el DA0FS0
0.98926 variable variable AQ0CS00 0.661294 fuerza fue SDfilesmergedinorder-
TEI_pos-fl.txt
- 75 tes independiente AQ0CP00 1 que que PR0CN00 0.550139 se se P00CN00
0.494509 relacionaban relacionar VMII3P0 1 significativamente significativamente
RG 1 con con SP 1 la el DA0FS0 0.98926 presencia presenc
SDfilesmergedinorder-TEI_pos-fl.txt
- 76 NCFP000 1 de de SP 1 el el DA0MS0 1 DAI dai NP00000 1)) Fpt 1
representaban representar VMII3P0 1 una uno DI0FS0 0.951973 amplia amplio
AQ0FS00 1 variabilidad variabilidad NCFS000 1 de de SDfilesmergedinorder-
TEI_pos-fl.txt
- 77 NP00000 1 señalo señalar VMIP1S0 1 que que CS 0.449861 se se P00CN00
0.494509 requerían requerir VMII3P0 1 tiempos tiempo NCMP000 1 de de SP
0.999961 almacenamiento almacenamiento NCMS000 1 entre entre
SDfilesmergedinorder-TEI_pos-fl.txt
- 78 00 1 ya_que ya_que CS 1 algunos alguno DI0MP0 0.60333 artículos artículo
NCMP000 1 sugerían sugerir VMII3P0 1 esta este DD0FS0 0.978817

posibilidad posibilidad NCFS000 1 [[Fca 1 24 24 Z 1]] Fct 1 . .

SDfilesmergedinorder-TEI_pos-fl.txt

79 0.999961 adultos adulto NCMP000 0.98913 estadounidenses estadounidense

AQ0CP00 0.82767 tenía tener VMII3S0 0.644494 periodontitis periodontitis

NCFN000 1 , , Fc 1 de de SP 0.999961 los el DA0MP0 0.992728

SDfilesmergedinorder-TEI_pos-fl.txt

80 determinar VMG0000 1 que que CS 0.449861 el el DA0MS0 1 Vistaproof

vistaproof NP00000 1 tenía tener VMII3S0 0.644494 alta alto AQ0FS00 0.996988

sensibilidad sensibilidad NCFS000 1 para para SP 0.999834 la

SDfilesmergedinorder-TEI_pos-fl.txt

81 19767 articulaciones articulación NCFP000 1 que que PROCN00 0.550139 ya

ya RG 0.999785 tenían tener VMII3P0 1 inicialmente inicialmente RG 1 un uno

DI0MS0 0.99698 desplazamiento desplazamiento NCMS000 1 a

SDfilesmergedinorder-TEI_pos-fl.txt

82 1 de de SP 0.999961 niños niño NCMP000 0.998721 con con SP 1 HSPM

hspm NP00000 1 tenían tener VMII3P0 1 MIH mih NP00000 1 , , Fc 1 pero pero

CC 0.999902 no no RN 0.999297 encontraron encontrar VMIS3

SDfilesmergedinorder-TEI_pos-fl.txt

83 1 que que PROCN00 0.550139 los el DA0MP0 0.992728 pacientes paciente

NCCP000 0.992958 tenían tener VMII3P0 1 de de SP 0.999961 su su DP3CSN 1

maloclusión maloclusión NCFS000 1 y y CC 0.999989 SDfilesmergedinorder-

TEI_pos-fl.txt

84 999961 3.5 3.5 Z 1 a a SP 0.998775 5.5_mm LN_mm:5.5 Zu 1 y y CC

0.999989 0.07 0.07 Z 1 tenían tener VMII3P0 1 bolsas bolsa NCFP000 1 de de SP

0.999961 más más RG 0.99993 de de SP 0.999961 5.5_mm

SDfilesmergedinorder-TEI_pos-fl.txt

85 riodontal AQ0CP00 1 , , Fc 1 los el DA0MP0 0.992728 fumadores fumador

NCMP000 0.638706 tenían tener VMII3P0 1 5 5 Z 1 veces vez NCFP000 1 más más

RG 0.99993 probabilidades probabilidad NCFP000 1 de de SP

SDfilesmergedinorder-TEI_pos-fl.txt

86 caso NCMP000 1 de de SP 0.999961 MIH mih NP00000 1 severa severo
AQ0FS00 1 tenían tener VMII3P0 1 una uno DI0FS0 0.951973 prevalencia
prevalencia NCFS000 1 de de SP 0.999961 caries caries NCFN

SDfilesmergedinorder-TEI_pos-fl.txt

87 VMP00PM 1 a a SP 1 el el DA0MS0 1 tabaco tabaco NCMS000 1 tenían tener
VMII3P0 1 el el DA0MS0 1 pH p_h NCFS000 1 salival salival AQ0CS00 1 , ,

Fc 1 SDfilesmergedinorder-TEI_pos-fl.txt

88 00 0.995283 , , Fc 1 estos este DD0MP0 0.972009 datos dato NCMP000 1 no
no RN 0.999297 tenían tener VMII3P0 1 significación significación NCFS000 1
estadística estadístico AQ0FS00 0.661294 . . Fp 1 Estos SDfilesmergedinorder-

TEI_pos-fl.txt

89 98926 marca marca NCFS000 0.826638 comercial comercial AQ0CS00 1 pero
pero CC 0.999902 tenían tener VMII3P0 1 en en SP 1 común común AQ0CS00 1
que que PROCN00 0.550139 previamente previamente SDfilesmergedinorder-

TEI_pos-fl.txt

90 NCFS000 1 articular articular AQ0CS00 0.593562 no no RN 0.999297 se se
P00CN00 0.494509 veía ver VMII3S0 0.622739 afectada afectar VMP00SF 0.880435
y y CC 0.999989 que que CS 0.449861 la el DA0 SDfilesmergedinorder-TEI_pos-

fl.txt

91 000 1 durante durante SP 1 el el DA0MS0 1 tratamiento tratamiento NCMS000
1 , , Fc 1 volvían volver VMII3P0 1 a a SP 0.998775 su su DP3CSN 1 posición
posición NCFS000 1 inicial inicial AQ0 SDfilesmergedinorder-TEI_pos-fl.txt

SD se-VMII

1 1 2010 2010 Z 1)) Fpt 1 comprobaron comprobar VMIS3P0 1 que que CS
0.449861 no no RN 0.999297 se se P00CN00 0.494509 producían producir
VMII3P0 1 cambios cambio NCMP000 1 significativos significativo AQ0MP00 1 en

SDfilesmergedinorder-TEI_pos-fl.txt

2 NCMP000 1 antes_de antes_de SP 1 el el DA0MS0 1 tratamiento tratamiento
NCMS000 1 se se P00CN00 0.494509 encontraban encontrar VMII3P0 1
dentro_de dentro_de SP 1 los el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

3 SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2009 2009 Z 1)) Fpt 1 , , Fc 1 no no
RN 0.999297 se se P00CN00 0.494509 producían producir VMII3P0 1 efectos
efecto NCMP000 1 adversos adverso AQOMP00 1 en SDfilesmergedinorder-
TEI_pos-fl.txt

4 000 1 con con SP 1 Herbst herbst NP00000 1 observaron observar VMIS3P0 1
que que CS 0.449861 se se P00CN00 0.494509 producía producir VMII3S0 0.65
un uno DI0MS0 0.99698 desplazamiento desplazamiento NCMS000 1 adaptativo
SDfilesmergedinorder-TEI_pos-fl.txt

5 su DP3CSN 1 revisión revisión NCFS000 1 que que PR0CN00 0.550139 no no
RN 0.999297 se se P00CN00 0.494509 llegaba llegar VMII3S0 0.65 a a SP
0.998775 establecer establecer VMN0000 1 una uno SDfilesmergedinorder-
TEI_pos-fl.txt

6 FS0 0.98926 eminencia eminencia NCFS000 1 articular articular AQ0CS00
0.593562 no no RN 0.999297 se se P00CN00 0.494509 veía ver VMII3S0 0.622739
afectada afectar VMP00SF 0.880435 y y CC 0.999989 que
SDfilesmergedinorder-TEI_pos-fl.txt

7 AQ0CS00 0.659325 de de SP 0.999961 cada cada DI0CS0 1 caso caso
NCMS000 0.999445 , , Fc 1 se se P00CN00 0.494509 pretendía pretender
VMII3S0 0.625 únicamente únicamente RG 1 valorar valorar VMN0000 1 la el
SDfilesmergedinorder-TEI_pos-fl.txt

8 1 y y CC 0.999989 en en SP 1 otro otro DI0MS0 0.658501 estudios estudio
NCMP000 1 se se P00CN00 0.494509 encontraba encontrar VMII3S0 0.65 entre
entre SP 0.980341 0.80 0.80 Z 1 y y CC 0.999989 0.94 0.94 Z 1 . .
SDfilesmergedinorder-TEI_pos-fl.txt

9 e de SP 0.999961 1 1 Z 1 , , Fc 1 mientras_que mientras_que CS 1
DIAGNOdent diagnodent NP00000 1 se se P00CN00 0.494509 quedaba quedar

VMII3S0 0.65 en en SP 1 0.85 0.85 Z 1 . . Fp 1 Así así RG 0.999409

SDfilesmergedinorder-TEI_pos-fl.txt

10 957064 estudio estudio NCMS000 0.97043 este este DD0MS0 0.949201
porcentaje porcentaje NCMS000 1 se se P00CN00 0.494509 fijaba fijar VMII3S0
0.649996 en en SP 1 15.8_% 15.8/100 Zp 1 . . Fp 1 Por por SP 1

SDfilesmergedinorder-TEI_pos-fl.txt

11 iables variable NCFP000 0.365965 independientes independiente AQ0CP00 1
que que PROCN00 0.550139 se se P00CN00 0.494509 relacionaban relacionar
VMII3P0 1 significativamente significativamente RG 1 con con SP 1 la el

SDfilesmergedinorder-TEI_pos-fl.txt

12 . . Fp 1 2008 2008 Z 1 , , Fc 1 esta este DD0FS0 0.978817 diferencia diferencia
NCFS000 0.879908 se se P00CN00 0.494509 debía deber VMII3S0 0.65 a a SP
0.998775 un uno DI0MS0 0.99698 error SDfilesmergedinorder-TEI_pos-fl.txt

13 , Fc 1 los el DA0MP0 0.992728 resultados resultado NCMP000 0.998596
obtenidos obtener VMP00PM 1 se se P00CN00 0.494509 asemejaban asemejar
VMII3P0 1 a a SP 0.998775 los el DA0MP0 0.992728 conseguidos

SDfilesmergedinorder-TEI_pos-fl.txt

14 0.98926 pobre pobre AQ0CS00 0.893805 ingesta ingesta NCFS000 1
nutricional nutricional AQ0CS00 1 se se P00CN00 0.494509 asociaba asociar
VMII3S0 0.65 a a SP 0.998775 una uno DI0FS0 0.951973 mayor

SDfilesmergedinorder-TEI_pos-fl.txt

15 crecer VMII3P0 1 con con SP 1 padres padre NCMP000 1 fumadores fumador
AQ0MP00 0.361294 se se P00CN00 0.494509 cepillaban cepillar VMII3P0 1
menos menos RG 0.990694 sus su DP3CPN 0.999903 dientes

SDfilesmergedinorder-TEI_pos-fl.txt

16 1 el el DA0MS0 1 uso uso NCMS000 0.998047 de de SP 0.999961
clorhexidina clorhexidina NCFS000 1 se se P00CN00 0.494509 realizaba realizar
VMII3S0 0.65 midiendo medir VMG0000 1 la el DA0FS0 0.98926 variable

SDfilesmergedinorder-TEI_pos-fl.txt

17 NCMP000 1 . . Fp 1 Por por SP 1 lo el DA00S0 0.665165 que que PROCN00 0.550139 se se P00CN00 0.494509 obtenía obtener VMII3S0 0.644494 la el DA0FS0 0.98926 media media NCFS000 0.125887 ponderada SDfilesmergedinorder-TEI_pos-fl.txt

18 1 DA0MS0 1 grupo grupo NCMS000 1 control control NCMS000 1 . . Fp 1 Incluso incluso RG 0.998488 se se P00CN00 0.494509 favorecía favorecer VMII3S0 0.63637 el el DA0MS0 1 grupo grupo NCMS000 1 control SDfilesmergedinorder-TEI_pos-fl.txt

19 egradar14 Z 1 . . Fp 1 Kiyomura kiyomura NP00000 1 señalo señalar VMIP1S0 1 que que CS 0.449861 se se P00CN00 0.494509 requerían requerir VMII3P0 1 tiempos tiempo NCMP000 1 de de SP 0.999961 almacenamiento almacenamiento SDfilesmergedinorder-TEI_pos-fl.txt

20 OMS0 1 funnel funnel NCMS000 0.33334 plot plot NCMS000 1 en en SP 1 donde donde PR00000 0.982827 se se P00CN00 0.494509 observaba observar VMII3S0 0.649996 cierta cierto DI0FS0 0.774725 simetría simetría NCFS000 1 , , Fc 1 SDfilesmergedinorder-TEI_pos-fl.txt

21 G0000 1 que que CS 0.449861 dicha decir VMP00SF 0.819767 heterogeneidad heterogeneidad NCFS000 1 se se P00CN00 0.494509 mantenía mantener VMII3S0 0.622727 independientemente independientemente RG 1 de de SP 1 el el SDfilesmergedinorder-TEI_pos-fl.txt

SD Preterite VMIS (including se VMIS):

1 OMP0 0.972009 últimos último AOOMP00 1 autores autor NCMP000 1 llevaron_a_cabo llevar_a_cabo VMIS3P0 1 un uno DI0MS0 0.99698 estudio estudio NCMS000 0.97043 controlado controlar VMP00SM 1 con con SDfilesmergedinorder-TEI_pos-fl.txt

2 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2014 2014 Z 1)) Fpt 1 llevaron_a_cabo llevar_a_cabo VMIS3P0 1 una uno DI0FS0 0.951973 modificación modificación

NCFS000 1 quirúrgica quirúrgico AQ0FS00 1 in SDfilesmergedinorder-TEI_pos-fl.txt

3 000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 llevaron_a_cabo llevar_a_cabo
VMIS3P0 1 un uno DI0MS0 0.99698 estudio estudio NCMS000 0.97043 para
para SP 0.999834 determinar determi SDfilesmergedinorder-TEI_pos-fl.txt

4 molar AQ0CP00 0.660231 temporales temporal AQ0CP00 0.97619 se se
P00CN00 0.494509 afectaron afectar VMIS3P0 1 por por SP 1 niño niño
NCMS000 0.997382 , , Fc 1 siendo ser VSG0000 1 1,86 1.86 Z 1 leve leve
SDfilesmergedinorder-TEI_pos-fl.txt

5 Herbst herbst NP00000 1 . . Fp 1 Los el DA0MP0 0.992728 autores autor
NCMP000 1 afirmaron afirmar VMIS3P0 1 que que CS 0.449861 el el DA0MS0 1
Herbst herbst NP00000 1 tiene tener VMIP3 SDfilesmergedinorder-TEI_pos-
fl.txt

6 AQ0MS00 1 de de SP 0.999961 MIH mih NP00000 1 se se P00CN00
0.494509 analizar analizar VMIS3P0 1 los el DA0MP0 0.992728 datos dato
NCMP000 1 como como CS 0.967153 un uno DI0 SDfilesmergedinorder-TEI_pos-
fl.txt

7 estro DP1FSP 0.867454 investigación investigación NCFS000 1 se se P00CN00
0.494509 analizó analizar VMIS3S0 1 la el DA0FS0 0.98926 función función
NCFS000 1 de de SP 0.999961 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

8 0.999989 7_días TM_d:7 Zu 1 después después RG 1 , , Fc 1 se se P00CN00
0.494509 aplicaron aplicar VMIS3P0 1 400_g WG_g:400 Zu 1 de de SP 0.999961
fuerza fuerza NCFS000 0.99684 por por SP 1 SDfilesmergedinorder-TEI_pos-
fl.txt

9 0 0.971939 . . Fp 1 A a SP 0.998775 la el DA0FS0 0.98926 semana semana
NCFS000 1 aplicaron aplicar VMIS3P0 1 500_g WG_g:500 Zu 1 de de SP
0.999961 fuerza fuerza NCFS000 0.99684 durante durante SP 1 24_
SDfilesmergedinorder-TEI_pos-fl.txt

10 99961 su su DP3CSN 1 colocación colocación NCFS000 1 , , Fc 1 se se
P00CN00 0.494509 aplicó aplicar VMIS3S0 1 una uno DI0FS0 0.951973 carga carga

NCFS000 0.969466 con con SP 1 400_g WG_g:400 SDfilesmergedinorder-
TEI_pos-fl.txt

11 1 desarrollado desarrollar VMP00SM 0.991803 en en SP 1 España españa
NP00000 1 apreciaron apreciar VMIS3P0 1 que que CS 0.449861 los el DA0MP0
0.992728 estudiantes estudiante NCCP000 0.996183 de de SP 0.

SDfilesmergedinorder-TEI_pos-fl.txt

12 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2016 2016 Z 1)) Fpt 1
asociaron asociar VMIS3P0 1 la el DA0FS0 0.98926 edad edad NCFS000 1 con
con SP 1 un uno DI0 SDfilesmergedinorder-TEI_pos-fl.txt

13 0 1 masculino masculino AQ0MS00 0.983871 también también RG 1 se se
P00CN00 0.494509 asoció asociar VMIS3S0 1 con con SP 1 la el DA0FS0 0.98926
enfermedad enfermedad NCFS000 1 periodontal periodontal AQ0

SDfilesmergedinorder-TEI_pos-fl.txt

14 titud exactitud NCFS000 1 diagnóstica diagnóstico AQ0FS00 1 se se P00CN00
0.494509 calculó calcular VMIS3S0 1 el el DA0MS0 1 área área NCFS000 1 bajo
bajo SP 0.909179 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

15 DA0FS0 0.98926 fase fase NCFS000 1 de de SP 0.999961 retención retención
NCFS000 1 careció carecer VMIS3S0 1 de de SP 0.999961 valor valor NCMS000 1
predictivo predictivo AQ0MS00 1 en en SP 1 SDfilesmergedinorder-TEI_pos-
fl.txt

16 heptano NCMS000 1 y y CC 0.999989 etanol etanol NCMS000 1 75_% 75/100
Zp 1 , , Fc 1 causaron causar VMIS3P0 1 el el DA0MS0 1 reblandecimiento
reblandecimiento NCMS000 1 de de SP 0.999961 la el DA0

SDfilesmergedinorder-TEI_pos-fl.txt

17 FS0 0.98926 clorhexidina clorhexidina NCFS000 1 a a SP 1 el el DA0MS0 1
2_% 2/100 Zp 1 causó causar VMIS3S0 1 una uno DI0FS0 0.951973
disminución disminución NCFS000 1 en en SP 1 los el DA0

SDfilesmergedinorder-TEI_pos-fl.txt

- 18 1 // Fh 1 Facemask facemask NP00000 1)) Fpt 1 , , Fc 1 se se P00CN00
0.494509 colocaron colocar VMIS3P0 1 2 2 Z 1 minitornillos minitornillo NCMP000
0.65 en en SP 1 el el DA0MS0 1 arco arco SDfilesmergedinorder-TEI_pos-fl.txt
- 19 000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 2014 2014 Z 1)) Fpt 1
colocaron colocar VMIS3P0 1 en en SP 1 un uno DI0MS0 0.99698 grupo grupo
NCMS000 1 2 2 Z 1 miniplacas miniplaca SDfilesmergedinorder-TEI_pos-fl.txt
- 20 P0 0.988184 tres 3 Z 1 escalas escala NCFP000 0.989726 que que PROCN00
0.550139 compararon comparar VMIS3P0 1 ((Fpa 1 AC-IOTN ac-iotn NP00000 1
, , Fc 1 OASIS oasis NP00000 1 y y CC 0.999989 SDfilesmergedinorder-TEI_pos-
fl.txt
- 21 NCMS000 0.97043 en en SP 1 el el DA0MS0 1 que que PROCN00 0.550139
compararon comparar VMIS3P0 1 la el DA0FS0 0.98926 percepción percepción
NCFS000 1 entre entre SP 0.980341 estudiantes estud SDfilesmergedinorder-
TEI_pos-fl.txt
- 22 de SP 0.999961 datos dato NCMP000 1 y y CC 0.999989 se se P00CN00
0.494509 complementó complementar VMIS3S0 1 con con SP 1 una uno DI0FS0
0.951973 búsqueda búsqueda NCFS000 1 de de SP 0.999961
SDfilesmergedinorder-TEI_pos-fl.txt
- 23 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2010 2010 Z 1)) Fpt 1
comprobaron comprobar VMIS3P0 1 que que CS 0.449861 no no RN 0.999297 se
se P00CN00 0.494509 producían producir VMII3 SDfilesmergedinorder-TEI_pos-
fl.txt
- 24 e_t NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 comprobaron
comprobar VMIS3P0 1 la el DA0FS0 0.98926 moderada moderar VMP00SF
0.623747 concordancia concordancia NCFS000 1 que SDfilesmergedinorder-
TEI_pos-fl.txt
- 25 patrón NCMS000 1 de de SP 0.999961 crecimiento crecimiento NCMS000 1 , ,
Fc 1 concluyeron concluir VMIS3P0 1 que que CS 0.449861 se se P00CN00
0.494509 producción producción NCFS000 1 un uno DI0 SDfilesmergedinorder-
TEI_pos-fl.txt

26 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2003 2003 Z 1)) Fpt 1
concluyeron concluir VMIS3P0 1 en en SP 1 sus su DP3CPN 0.999903 revisión
revisión NCFS000 1 sistemática sistemático AQ0 SDfilesmergedinorder-TEI_pos-
fl.txt

27 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2003 2003 Z 1)) Fpt 1
concluyeron concluir VMIS3P0 1 en en SP 1 su su DP3CSN 1 revisión revisión
NCFS000 1 que que PR0 SDfilesmergedinorder-TEI_pos-fl.txt

28 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2004 2004 Z 1)) Fpt 1
concluyeron concluir VMIS3P0 1 que que CS 0.449861 no no RN 0.999297 hubo haber
VMIS3S0 0.0233051 cambios cambio NCMP000 1 SDfilesmergedinorder-
TEI_pos-fl.txt

29 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2013 2013 Z 1)) Fpt 1 , , Fc 1
concluyeron concluir VMIS3P0 1 que que CS 0.449861 el el DA0MS0 1 grupo grupo
NCMS000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-fl.txt

30 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2014 2014 Z 1)) Fpt 1
concluyeron concluir VMIS3P0 1 que que CS 0.449861 el el DA0MS0 1 único único
AQ0MS00 1 factor factor SDfilesmergedinorder-TEI_pos-fl.txt

31 el DA0FS0 0.98926 corticotomía corticotomía NCFS000 1 , , Fc 1 y y CC
0.999989 concluyeron concluir VMIS3P0 1 que que CS 0.449861 no no RN
0.999297 hay haber VMIP3S0 1 diferencias diferencia NCFP000 0.996
SDfilesmergedinorder-TEI_pos-fl.txt

32 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2013 2013 Z 1)) Fpt 1
concluyeron concluir VMIS3P0 1 que que CS 0.449861 las el DA0FP0 0.988184
extracciones extracción NCFP000 1 también también R SDfilesmergedinorder-
TEI_pos-fl.txt

33 99989 cols col_s NCFS000 1 . . Fp 1 , , Fc 1 ((Fpa 1 2013 2013 Z 1)) Fpt 1
concluyeron concluir VMIS3P0 1 que que CS 0.449861 los el DA0MP0 0.992728
pacientes paciente NCCP000 0.992958 que que PR0 SDfilesmergedinorder-
TEI_pos-fl.txt

- 34 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2003 2003 Z 1)) Fpt 1 concluyeron concluir VMIS3P0 1 que que CS 0.449861 una uno PI0FS00 0.0420733 a a SP 0.998775 mayor mayor AQ0 SDfilesmergedinorder-TEI_pos-fl.txt
- 35 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 2000 2000 Z 1)) Fpt 1 concluyeron concluir VMIS3P0 1 valores valor NCMP000 0.99763 de de SP 0.999961 saturación saturación NCFS000 1 de de SP 0.999 SDfilesmergedinorder-TEI_pos-fl.txt
- 36 NCFS000 0.966772 con con SP 1 el el DA0MS0 1 DAI dai NP00000 1 , , Fc 1 concluyó concluir VMIS3S0 1 que que CS 0.449861 había haber VMII3S0 0.000147406 entre entre SP 0.980341 ellas ellos PP3 SDfilesmergedinorder-TEI_pos-fl.txt
- 37 _t NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 2012 2012 Z 1 concluyó concluir VMIS3S0 1 que que CS 0.449861 el el DA0MS0 1 tratamiento tratamiento NCMS000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-fl.txt
- 38 e_t NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 consideraron considerar VMIS3P0 1 que que CS 0.449861 la el DA0FS0 0.98926 disparidad disparidad NCFS000 1 entre entre SP 0.9803 SDfilesmergedinorder-TEI_pos-fl.txt
- 39 Fisher fisher NP00000 1 ((Fpa 1 2007 2007 Z 1)) Fpt 1 también también RG 1 consideró considerar VMIS3S0 1 que que CS 0.449861 la el DA0FS0 0.98926 corticotomía corticotomía NCFS000 1 reduce reducir VM SDfilesmergedinorder-TEI_pos-fl.txt
- 40 ry_Protraction bone_anchored_maxillary_protraction NP00000 1)) Fpt 1 , , Fc 1 consistió consistir VMIS3S0 1 en en SP 1 la el DA0FS0 0.98926 colocación colocación NCFS000 1 de de SP 0.999961 4 4 SDfilesmergedinorder-TEI_pos-fl.txt
- 41 eletal_anchorage_facemask NP00000 1)) Fpt 1 , , Fc 1 que que PROCN00 0.550139 consistió consistir VMIS3S0 1 en en SP 1 la el DA0FS0 0.98926 colocación colocación NCFS000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-fl.txt

42 P 0.999961 los el DA0MP0 0.992728 casos caso NCMP000 1 se se P00CN00
0.494509 constataron constatar VMIS3P0 1 antecedentes antecedente NCMP000
0.983871 de de SP 0.999961 patología patología NCFS000 1 prev
SDfilesmergedinorder-TEI_pos-fl.txt

43 000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2013 2013 Z 1)) Fpt 1 , , Fc 1
contó contar VMIS3S0 1 con con SP 1 14 14 Z 1 pacientes paciente NCCP000
0.992958 , , Fc 1 el el DA0MS0 1 de SDfilesmergedinorder-TEI_pos-fl.txt

44 1 el el DA0MS0 1 que que PROCN00 0.550139 se se P00CN00 0.494509
decidió decidir VMIS3S0 1 estudiar estudiar VMN0000 1 el el DA0MS0 1
volumen volumen NCMS000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-
fl.txt

45 1 , , Fc 1 por por SP 1 ello ello PD00S00 1 se se P00CN00 0.494509 decidió
decidir VMIS3S0 1 estudiar estudiar VMN0000 1 por_separado por_separado
RG 1 a a SP 0.998775 nivel nivel SDfilesmergedinorder-TEI_pos-fl.txt

46 9961 un uno DI0MS0 0.99698 adhesivo adhesivo NCMS000 0.33872 se se
P00CN00 0.494509 decidió decidir VMIS3S0 1 unificar unificar VMN0000 1 los el
DA0MP0 0.992728 datos dato NCMP000 1 . . Fp 1 Por por
SDfilesmergedinorder-TEI_pos-fl.txt

47 de SP 0.999961 los el DA0MP0 0.992728 pacientes paciente NCCP000
0.992958 desarrollaron desarrollar VMIS3P0 1 disfunción disfunción NCFS000 1 en
en SP 1 la el DA0FS0 0.98926 ATM atm NP00000 1 SDfilesmergedinorder-
TEI_pos-fl.txt

48 9201 sentido sentido NCMS000 0.940835 , , Fc 1 [[Fca 1 27 27 Z 1]] Fct 1
describieron describir VMIS3P0 1 un uno DI0MS0 0.99698 caso caso
NCMS000 0.999445 de de SP 0.999961 luxación luxación NCFS000 1
SDfilesmergedinorder-TEI_pos-fl.txt

49 09 mismos mismo AQ0MP00 0.52924 autores autor NCMP000 1 también
también RG 1 describieron describir VMIS3P0 1 el el DA0MS0 1 caso caso
NCMS000 0.999445 de de SP 0.999961 una uno DI0 SDfilesmergedinorder-
TEI_pos-fl.txt

50 A0MS0 1 de de SP 0.999961 [[Fca 1 9 9 Z 1]] Fct 1 se se P00CN00 0.494509 describieron describir VMIS3P0 1 dos 2 Z 0.999868 casos caso NCMP000 1 con con SP 1 desplazamiento desplazamiento NCMS000 1 dis SDfilesmergedinorder-TEI_pos-fl.txt

51 [[Fca 1 28 28 Z 1]] Fct 1 y y CC 0.999989 [[Fca 1 29 29 Z 1]] Fct 1 describieron describir VMIS3P0 1 también también RG 1 casos caso NCMP000 1 similares similar AQ0CP00 1 . . Fp 1 Se se SDfilesmergedinorder-TEI_pos-fl.txt

52 con SP 1 bloqueo bloqueo NCMS000 0.992424 . . Fp 1 </p> <p> Se se NP00000 1 describieron describir VMIS3P0 1 también también RG 1 casos caso NCMP000 1 de de SP 0.999961 resorción resorción NCFS000 1 cond SDfilesmergedinorder-TEI_pos-fl.txt

53 ubicación NCFS000 1 , , Fc 1 así así RG 0.999409 [[Fca 1 13 13 Z 1]] Fct 1 describieron describir VMIS3P0 1 que que CS 0.449861 hasta hasta SP 0.922749 un uno DI0MS0 0.99698 13_% 13/100 Zp 1 de de SDfilesmergedinorder-TEI_pos-fl.txt

54 que PROCN00 0.550139 en en SP 1 mujeres mujer NCFP000 1 y y CC 0.999989 destacaron destacar VMIS3P0 1 que que CS 0.449861 el el DA0MS0 1 tratamiento tratamiento NCMS000 1 con con SP 1 SDfilesmergedinorder-TEI_pos-fl.txt

55 0 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2003 2003 Z 1)) Fpt 1 , , Fc 1 destacaron destacar VMIS3P0 1 que que CS 0.449861 la el DA0FS0 0.98926 altura altura NCFS000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-fl.txt

56 000 0.962264 de de SP 1 el el DA0MS0 1 Reino_Unido reino_unido NP00000 1 detectaron detectar VMIS3P0 1 que que CS 0.449861 comportamientos comportamiento NCMP000 1 o o CC 0.999864 estilos estilo NC SDfilesmergedinorder-TEI_pos-fl.txt

57 NCFN000 0.698105 . . Fp 1 Leroy leroy NP00000 1 et e_t NCFS000 1 al23 al23 Z 1 detectó detectar VMIS3S0 1 que que CS 0.449861 los el DA0MP0

0.992728 niños niño NCMP000 0.998721 que que PR0 SDfilesmergedinorder-
TEI_pos-fl.txt

58 CFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2009 2009 Z 1)) Fpt 1
determinaron determinar VMIS3P0 1 que que CS 0.449861 estudiantes estudiante
NCCP000 0.996183 de de SP 0.999961 4° 4° Z 1 curso SDfilesmergedinorder-
TEI_pos-fl.txt

59 on ser VSIS3P0 0.933213 uniformes uniforme AQ0CP00 0.315814 y y CC
0.999989 determinaron determinar VMIS3P0 1 que que CS 0.449861 , , Fc 1 la el
DA0FS0 0.98926 composición composición NCFS000 1 química qu
SDfilesmergedinorder-TEI_pos-fl.txt

60 . . Fp 1 Majorama majorama NP00000 0.331016 et e_t NCFS000 1 al24 al24 Z
1 determinaron determinar VMIS3P0 1 que que CS 0.449861 los el DA0MP0
0.992728 niños niño NCMP000 0.998721 con con SP 1 SDfilesmergedinorder-
TEI_pos-fl.txt

61 SP 1 ello ello PD00S00 1 la el DA0FS0 0.98926 EAPD eapd NP00000 1
determinó determinar VMIS3S0 1 el el DA0MS0 1 uso uso NCMS000 0.998047
de de SP 1 el el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

62 NCMN000 1 multifactorial multifactorial AQ0CS00 0.66123 se se P00CN00
0.494509 determinó determinar VMIS3S0 1 que que CS 0.449861 la el DA0FS0
0.98926 ingesta ingesta NCFS000 1 de de SP 0.999961 SDfilesmergedinorder-
TEI_pos-fl.txt

63 eal AQ0CS00 0.815432 prolongada prolongar VMP00SF 1 se se P00CN00
0.494509 diagnosticó diagnosticar VMIS3S0 1 tardíamente tardíamente RG 1 de de
SP 0.999961 luxación luxación NCFS000 1 de de SP 1 el SDfilesmergedinorder-
TEI_pos-fl.txt

64 des unidad NCFP000 1 de de SP 0.999961 medida medida NCFS000 0.966772 ,
, Fc 1 dificultó dificultar VMIS3S0 1 el el DA0MS0 1 presente presente AQ0CS00
0.524254 trabajo trabajo NCMS000 0.975768 de de SDfilesmergedinorder-
TEI_pos-fl.txt

- 65 NCMS000 1 number number NCMS000 0.299606 que que PROCN00
0.550139 nos nos PP1CP00 0.810258 dio dar VMIS3S0 1 un uno DI0MS0
0.99698 valor valor NCMS000 1 de de SP 0.999961 80 80 Z 1 estudios estudio
SDfilesmergedinorder-TEI_pos-fl.txt
- 66 gression NCFS000 0.8 intercept intercept NCMS000 0.746574 , , Fc 1 que que
PROCN00 0.550139 dio dar VMIS3S0 1 un uno DI0MS0 0.99698 p-valor=0,84 p-
valor=0,84 Z 1 . . Fp 1 </p> <p> A SDfilesmergedinorder-TEI_pos-fl.txt
- 67 SP 1 el el DA0MS0 1 tiempo tiempo NCMS000 1 que que PROCN00 0.550139
duró durar VMIS3S0 1 la el DA0FS0 0.98926 retención retención NCFS000 1 y y
CC 0.999989 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt
- 68 , Fc 1 aquellos aquel PD0MP00 0.406832 que que PROCN00 0.550139 no no
RN 0.999297 eligieron elegir VMIS3P0 1 odontología odontología NCFS000 1
como como CS 0.967153 primera 1 A00FS00 0.995242 opción opci
SDfilesmergedinorder-TEI_pos-fl.txt
- 69 AQ0CS00 1 mejoría mejoría NCFS000 1)) Fpt 1 y y CC 0.999989 sólo sólo
RG 1 empeoró empeorar VMIS3S0 1 o o CC 0.999864 quedo quedar VMIP1S0
0.538191 igual igual RG 0.404826 un uno DI0 SDfilesmergedinorder-TEI_pos-
fl.txt
- 70 000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 2011 2011 Z 1)) Fpt 1
emplearon emplear VMIS3P0 1 miniplacas miniplaca NCFP000 1 fijadas fijar
VMP00PF 1 con con SP 1 3 3 Z 1 minitornillos mini SDfilesmergedinorder-
TEI_pos-fl.txt
- 71 000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 2013 2013 Z 1)) Fpt 1
emplearon emplear VMIS3P0 1 un uno DI0MS0 0.99698 sistema sistema NCMS000
1 basado basar VMP00SM 1 en en SDfilesmergedinorder-TEI_pos-fl.txt
- 72 1 la el DA0FS0 0.98926 metodología metodología NCFS000 1 que que
PROCN00 0.550139 emplearon emplear VMIS3P0 1 . . Fp 1 </p> <p> En_cuanto_a
en_cuanto_a NP00000 1 los el DA0 SDfilesmergedinorder-TEI_pos-fl.txt
- 73 4 cinco 5 Z 0.999454 variables variable NCFP000 0.365965 que que PROCN00
0.550139 emplearon emplear VMIS3P0 1 la el DA0FS0 0.98926 mayoría

mayoría NCFS000 1 de de SP 0.999961 los el DA0SDfilesmergedinorder-TEI_pos-fl.txt

74 DA0FS0 0.98926 microdureza microdureza NCFS000 1 , , Fc 1 se se P00CN00 0.494509 emplearon emplear VMIS3P0 1 dos 2 Z 0.999868 tipos tipo NCMP000 1 de de SP 0.999961 pruebas prueba NCFP000 0.997881 : : Fd
SDfilesmergedinorder-TEI_pos-fl.txt

75 _otro_lado NP00000 1 , , Fc 1 estudios estudio NCMP000 1 que que PROCN00 0.550139 emplearon emplear VMIS3P0 1 como como CS 0.967153 método método NCMS000 1 de de SP 0.999961 estudio estudio NCMS000 0.9704
SDfilesmergedinorder-TEI_pos-fl.txt

76 1 el el DA0MS0 1 presente presente AQ0CS00 0.524254 estudio estudio NCMS000 0.97043 empleó emplear VMIS3S0 1 los el DA0MP0 0.992728 criterios criterio NCMP000 1 ARRIVE arrive NP00000 1 y y CC 0.999989
SDfilesmergedinorder-TEI_pos-fl.txt

77 SP 0.999961 los el DA0MP0 0.992728 estudios estudio NCMP000 1 se se P00CN00 0.494509 empleó emplear VMIS3S0 1 la el DA0FS0 0.98926 escala escala NCFS000 0.989071 Newcastle-Ottawa newcastle-ottawa NP00000
SDfilesmergedinorder-TEI_pos-fl.txt

78 . Fp 1 Además además RG 1 , , Fc 1 no no RN 0.999297 se se P00CN00 0.494509 encontraron encontrar VMIS3P0 1 grandes grande AQ0CP00 0.990534 diferencias diferencia NCFP000 0.996454 en en SP 1 el el DA0
SDfilesmergedinorder-TEI_pos-fl.txt

79 ersidad NCFP000 1 alemanas alemán AQ0FP00 0.364893 , , Fc 1 no no RN 0.999297 encontraron encontrar VMIS3P0 1 diferencias diferencia NCFP000 0.996454 entre entre SP 0.980341 estudiantes estudiante NCCP000
SDfilesmergedinorder-TEI_pos-fl.txt

80 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2013 2013 Z 1)) Fpt 1 encontraron encontrar VMIS3P0 1 que que CS 0.449861 el el DA0MS0 1 39,6_% 39.6/100 Zp 1 de de SP 0.999961 los el SDfilesmergedinorder-TEI_pos-fl.txt

81 VMII3P0 1 MIH mih NP00000 1 , , Fc 1 pero pero CC 0.999902 no no RN
0.999297 encontraron encontrar VMIS3P0 1 diferencias diferencia NCFP000
0.996454 significativas significativo AQ0FP00 1 . . Fp 1 </p> <

SDfilesmergedinorder-TEI_pos-fl.txt

82 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2012 2012 Z 1)) Fpt 1
encontraron encontrar VMIS3P0 1 una uno DI0FS0 0.951973 OR or NP00000 1
de de SP 0.999961 4,4 4.4 Z 1 de de SDfilesmergedinorder-TEI_pos-fl.txt

83 y CC 0.999989 cols col_s NCFS000 1 . . Fp 1 ((Fpa 1 2013 2013 Z 1)) Fpt 1
encontraron encontrar VMIS3P0 1 correlaciones correlación NCFP000 0.998103
significativas significativo AQ0FP00 1 empleando em SDfilesmergedinorder-
TEI_pos-fl.txt

84 . Fp 1 Sin sin SP 1 embargo embargo NCMS000 0.995283 sí sí PP3CNO0
0.336127 encontraron encontrar VMIS3P0 1 en en SP 1 los el DA0MP0 0.992728
casos caso NCMP000 1 con con SP 1 SDfilesmergedinorder-TEI_pos-fl.txt

85 FS000 1 . . Fp 1 , , Fc 1 ((Fpa 1 2007 2007 Z 1)) Fpt 1 no no RN 0.999297
encontraron encontrar VMIS3P0 1 significatividad significatividad NCFS000 1
alguna alguno PI0FS00 0.179715 con_respecto_a con_ SDfilesmergedinorder-
TEI_pos-fl.txt

86 col_s NCFS000 1 . . Fp 1 , , Fc 1 ((Fpa 1 1998 1998 Z 1)) Fpt 1 , , Fc 1
encontraron encontrar VMIS3P0 1 asociación asociación NCFS000 1 entre entre
SP 0.980341 una uno DI0FS0 0.951973 mayor mayor AQ SDfilesmergedinorder-
TEI_pos-fl.txt

87 000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 [[Fca 1 5 5 Z 1]] Fct 1 , , Fc 1
encontraron encontrar VMIS3P0 1 un uno DI0MS0 0.99698 rango rango
NCMS000 1 de de SP 0.999961 correlación correlación NCFS000

SDfilesmergedinorder-TEI_pos-fl.txt

88 > <p> Jakhete jakhete NP00000 1 and and NCFS000 1 Gitterman42
Gitterman42 Z 1 encontraron encontrar VMIS3P0 1 que que CS 0.449861 la el
DA0FS0 0.98926 exposición exposición NCFS000 1 a a SP 1

SDfilesmergedinorder-TEI_pos-fl.txt

89 SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 26 26 Z 1)) Fpt 1 no no RN 0.999297
encontraron encontrar VMIS3P0 1 relación relación NCFS000 1 , , Fc 1
mientras_que mientras_que CS 1 en en SP 1 otros SDfilesmergedinorder-TEI_pos-
fl.txt

90 8.16 Z 1 Adicionalmente adicionalmente NP00000 1 , , Fc 1 se se P00CN00
0.494509 encontró encontrar VMIS3S0 1 que que CS 0.449861 los el DA0MP0
0.992728 materiales material NCMP000 0.890625 de de SP 1
SDfilesmergedinorder-TEI_pos-fl.txt

91 00 1 , , Fc 1 este este DD0MS0 0.949201 metanálisis metanálisis NCMN000
0.856552 encontró encontrar VMIS3S0 1 que que CS 0.449861 , , Fc 1 PMMA pmma
NP00000 1 presenta presentar VMIP3S0 0.995868 mayor may
SDfilesmergedinorder-TEI_pos-fl.txt

92 > <p> Este este NP00000 1 metanálisis metanálisis NCMN000 1 también
también RG 1 encontró encontrar VMIS3S0 1 que que CS 0.449861 los el DA0MP0
0.992728 dimetacrilatos dimetacrilatos NCMP000 1 tienen tene
SDfilesmergedinorder-TEI_pos-fl.txt

93 1 . . Fp 1 , , Fc 1 [[Fca 1 20 20 Z 1]] Fct 1 que que PR0CN00 0.550139
establecieron establecer VMIS3P0 1 que que CS 0.449861 las el DA0FP0
0.988184 lesiones lesión NCFP000 0.994792 de de SP 0.999961
SDfilesmergedinorder-TEI_pos-fl.txt

94 1 el el DA0MS0 1 que que PR0CN00 0.550139 se se P00CN00 0.494509
estableció establecer VMIS3S0 1 un uno DI0MS0 0.99698 rango rango NCMS000 1
de de SP 0.999961 edad edad NCFS000 1 SDfilesmergedinorder-TEI_pos-fl.txt

95 rto DI0FP0 0.993421 situaciones situación NCFP000 1 . . Fp 1 Se se P00CN00
0.494509 estimó estimar VMIS3S0 1 una uno DI0FS0 0.951973 disminución
disminución NCFS000 1 estadísticamente estadísticamente RG
SDfilesmergedinorder-TEI_pos-fl.txt

96 troles control NCMP000 0.98913 sanos sano AQ0MP00 1 . . Fp 1 Se se
P00CN00 0.494509 estimó estimar VMIS3S0 1 que que CS 0.449861 las el DA0FP0

105 SP 1 plasma.28,29 plasma.28,29 Z 1 También también NP00000 1 se se P00CN00 0.494509 evaluó evaluar VMIS3S0 1 el el DA0MS0 1 refuerzo refuerzo NCMS000 0.989726 con con SP 1 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

106 0 10 Z 1]] Fct 1 , , Fc 1 donde donde PR00000 0.982827 se se P00CN00 0.494509 examinaron examinar VMIS3P0 1 las el DA0FP0 0.988184 superficies superficie NCFP000 1 oclusales oclusal AQ0CP00 1 , , Fc 1 1 SDfilesmergedinorder-TEI_pos-fl.txt

107 0.999961 que que CS 0.449861 estos este DD0MP0 0.972009 autores autor NCMP000 1 examinaron examinar VMIS3P0 1 las el DA0FP0 0.988184 lesiones lesión NCFP000 0.994792 a a SP 0.998775 nivel nivel NCMS000 1 SDfilesmergedinorder-TEI_pos-fl.txt

108 lisis análisis NCMN000 1 cuantitativo cuantitativo AQ0MS00 1 se se P00CN00 0.494509 excluyó excluir VMIS3S0 1 para para SP 0.999834 eliminar eliminar VMN0000 1 el el DA0MS0 1 posible posible AQ0 SDfilesmergedinorder-TEI_pos-fl.txt

109 00 1 de de SP 0.999961 novo novar VMIP1S0 1 . . Fp 1 [[Fca 1 9 9 Z 1]] Fct 1 expusieron exponer VMIS3P0 1 en en SP 1 un uno DI0MS0 0.99698 estudio estudio NCMS000 0.97043 prospectivo prospectivo AQ0 SDfilesmergedinorder-TEI_pos-fl.txt

110 FS00 1 ((Fpa 1 27 27 Z 1 de de SP 0.999961 266 266 Z 1)) Fpt 1 lo lo PP3MSA0 0.334764 fueron ir VMIS3P0 0.066787 por por SP 1 daños daño NCMP000 1 en en SP 1 la el DA0FS0 0.98926 SDfilesmergedinorder-TEI_pos-fl.txt

111 0 1 de de SP 0.999961 cigarrillos cigarrillo NCMP000 1 o o CC 0.999864 si si CS 0.999827 fumó fumar VMIS3S0 1 durante durante SP 1 la el DA0FS0 0.98926 crianza crianza NCFs000 1 o o CC 0.999864 SDfilesmergedinorder-TEI_pos-fl.txt

112 12 Z 1]] Fct 1 y y CC 0.999989 [[Fca 1 20 20 Z 1]] Fct 1 hicieron_referencia hacer_referencia VMIS3P0 1 a a SP 0.998775 casos caso

NCMP000 1 de de SP 0.999961 luxaciones luxación NCFP000 1 de

SDfilesmergedinorder-TEI_pos-fl.txt

113 a SP 1 el el DA0MS0 1 ((Fpa 1 1999 1999 Z 1)) Fpt 1 no no RN 0.999297

hallaron hallar VMIS3P0 1 relación relación NCFS000 1 entre entre SP

0.980341 clase clase NCFS000 1 II ii NP00000 1 y SDfilesmergedinorder-

TEI_pos-fl.txt

114 043 en en SP 1 población población NCFS000 1 danesa danés AQ0FS00

0.847222 , , Fc 1 hallaron hallar VMIS3P0 1 un uno DI0MS0 0.99698 bajo bajo

AQ0MS00 0.068599 porcentaje porcentaje NCMS000 1 de de

SDfilesmergedinorder-TEI_pos-fl.txt

115 o NCMS000 0.940835 [[Fca 1 3,7,8,10,11,14,22,25 3,7,8,10,11,14,22,25 Z 1]

] Fct 1 hicieron hacer VMIS3P0 1 mención mención NCFS000 1 a a SP 0.998775 casos

caso NCMP000 1 de de SP 0.999961 ((Fpa 1 SDfilesmergedinorder-TEI_pos-

fl.txt

116 000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 2011 2011 Z 1)) Fpt 1

hicieron hacer VMIS3P0 1 un uno DI0MS0 0.99698 análisis análisis NCMN000

1 morfométrico morfométrico AQ0MS00 1 para par SDfilesmergedinorder-

TEI_pos-fl.txt

117 aminadores examinador NCMP000 1 , , Fc 1 la el DA0FS0 0.98926 cual cual

PROCS00 0.930743 hizo hacer VMIS3S0 1 que que CS 0.449861 la el DA0FS0

0.98926 reproducibilidad reproducibilidad NCFS000 1 interexam

SDfilesmergedinorder-TEI_pos-fl.txt

118 2004 Z 1)) Fpt 1 concluyeron concluir VMIS3P0 1 que que CS 0.449861 no

no RN 0.999297 hubo haber VMIS3S0 0.0233051 cambios cambio NCMP000 1

significativos significativo AQ0MP00 1 de de SP 0.999961 la e

SDfilesmergedinorder-TEI_pos-fl.txt

119 NCFS000 1 de de SP 0.999961 tratamiento tratamiento NCMS000 1 , , Fc 1 no

no RN 0.999297 hubo haber VMIS3S0 0.0233051 diferencias diferencia NCFP000

0.996454 significativas significativo AQ0FP00 1 entre e SDfilesmergedinorder-

TEI_pos-fl.txt

120 CMS000 1 , , Fc 1 observamos observar VMIP1P0 0.65 que que CS 0.449861
no no RN 0.999297 hubo haber VMIS3S0 0.0233051 diferencias diferencia
NCFP000 0.996454 significativas significativo AQ0FP00 1 en_cuan
SDfilesmergedinorder-TEI_pos-fl.txt

121 SP 1 el el DA0MS0 1 . . Fp 1 2013 2013 Z 1)) Fpt 1 . . Fp 1 No no RN
0.999263 hubo haber VMIS3S0 0.0233051 enmascaramiento enmascaramiento
NCMS000 1 , , Fc 1 ya_que ya_que CS 1 , , Fc 1 los el SDfilesmergedinorder-
TEI_pos-fl.txt

122 de de SP 0.999961 nuestro nuestro DP1MSP 0.957064 estudio estudio
NCMS000 0.97043 incluimos incluir VMIS1P0 0.537496 el el DA0MS0 1
estudio estudio NCMS000 0.97043 de de SP 0.999961 la el DA0
SDfilesmergedinorder-TEI_pos-fl.txt

123 SP 1 los el DA0MP0 0.992728 estudios estudio NCMP000 1 que que
PR0CN00 0.550139 incluimos incluir VMIS1P0 0.537496 en en SP 1 nuestro
nuestro DP1MSP 0.957064 metaanálisis metaanálisis NCMN000 1 por por
SDfilesmergedinorder-TEI_pos-fl.txt

124 0 0.98926 EAPD eapd NP00000 1 [[Fca 1 3 3 Z 1]] Fct 1 se se P00CN00
0.494509 incluyeron incluir VMIS3P0 1 en en SP 1 el el DA0MS0 1 diagnóstico
diagnóstico NCMS000 0.97619 de de SP 0.999961 SDfilesmergedinorder-
TEI_pos-fl.txt

125 SP 1 este este DD0MS0 0.949201 grupo grupo NCMS000 1 se se P00CN00
0.494509 incluyeron incluir VMIS3P0 1 tiempos tiempo NCMP000 1 de de SP
0.999961 evaluación evaluación NCFS000 1 de de SP 0.999961 1
SDfilesmergedinorder-TEI_pos-fl.txt

126 AO0MS00 1 estudio estudio NCMS000 0.97043 sólo sólo RG 1 se se
P00CN00 0.494509 incluyó incluir VMIS3S0 1 a a SP 0.998775 población población
NCFS000 1 trabajadora trabajador AQ0FS00 0.436294 y y CC 0
SDfilesmergedinorder-TEI_pos-fl.txt

127 926 misma mismo AQ0FS00 0.81684 observación observación NCFS000 1 e y
CC 0.987994 indicaron indicar VMIS3P0 1 que que CS 0.449861 la el DA0FS0

0.98926 mejoría mejoría NCFS000 1 en en SP 1 SDfilesmergedinorder-TEI_pos-fl.txt

128 2 y y CC 0.999989 cols col_s NCFS000 1 . . Fp 1 ((Fpa 1 2010 2010 Z 1))
Fpt 1 indicaron indicar VMIS3P0 1 que que CS 0.449861 la el DA0FS0 0.98926
retención retención NCFS000 1 en en SP 1 SDfilesmergedinorder-TEI_pos-fl.txt

129 DA0MS0 1 . . Fp 1 [[Fca 1 16 16 Z 1]] Fct 1 , , Fc 1 que que PROCN00
0.550139 indicaron indicar VMIS3P0 1 que que CS 0.449861 el el DA0MS0 1
Vistaproof vistaproof NP00000 1 presentaba presentar VMII3
SDfilesmergedinorder-TEI_pos-fl.txt

130 da,31,32 limitada,31,32 Z 1 otros otro DI0MP0 0.745978 trabajos trabajo
NCMP000 1 indicaron indicar VMIS3P0 1 que que CS 0.449861 el el DA0MS0 1
comportamiento comportamiento NCMS000 1 clínico clínico AQ0
SDfilesmergedinorder-TEI_pos-fl.txt

131 0.999961 trabajos trabajo NCMP000 1 incluidos incluir VMP00PM 1 no no RN
0.999297 indicaron indicar VMIS3P0 1 este este DD0MS0 0.949201 valor valor
NCMS000 1 ((Fpa 1 Schendel schendel NP00000 1 et e_ SDfilesmergedinorder-
TEI_pos-fl.txt

132 que CS 0.449861 el el DA0MS0 1 adhesivo adhesivo NCMS000 0.33872 no no
RN 0.999297 influyó influir VMIS3S0 1 en en SP 1 los el DA0MP0 0.992728
resultados resultado NCMP000 0.998596 de de SP 0.999961
SDfilesmergedinorder-TEI_pos-fl.txt

133 0.998775 la el DA0FS0 0.98926 que que PROCN00 0.550139 se se P00CN00
0.494509 inició iniciar VMIS3S0 1 el el DA0MS0 1 tratamiento tratamiento
NCMS000 1 es ser VSIP3S0 1 un uno SDfilesmergedinorder-TEI_pos-fl.txt

134 NCMS000 0.33872 . . Fp 1 </p> <p> También también NP00000 1 se se
P00CN00 0.494509 intentó intentar VMIS3S0 1 controlar controlar VMN0000 1 el el
DA0MS0 1 sesgo sesgo NCMS000 0.736395 de de SP 0.999961
SDfilesmergedinorder-TEI_pos-fl.txt

135 D0MP0 0.972009 resultados resultado NCMP000 0.998596 se se P00CN00
0.494509 justificaron justificar VMIS3P0 1 argumentando argumentar VMG0000

1 que que CS 0.449861 el el DA0MS0 1 VistaProof vistaproof NP0

SDfilesmergedinorder-TEI_pos-fl.txt

136 el DA0MP0 0.992728 diferentes diferente AQ0CP00 0.482818 estudios estudio

NCMP000 1 limitó limitar VMIS3S0 1 la el DA0FS0 0.98926 exactitud exactitud

NCFS000 1 en en SP 1 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

137 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 2010 2010 Z 1)) Fpt 1

llegaron llegar VMIS3P0 1 a a SP 0.998775 la el DA0FS0 0.98926 misma

mismo AQ0FS00 0.81684 conclusión conclusión SDfilesmergedinorder-TEI_pos-fl.txt

138 1 el el DA0MS0 1 que que PROCN00 0.550139 se se P00CN00 0.494509

mantuvieron mantener VMIS3P0 1 desde desde SP 1 ese ese DD0MS0 0.966694

momento momento NCMS000 1 y y CC 0.999989 SDfilesmergedinorder-TEI_pos-

fl.txt

139 0CS00 1 , , Fc 1 o o CC 0.999864 si si CS 0.999827 se se P00CN00 0.494509

midió medir VMIS3S0 1 en en SP 1 la el DA0FS0 0.98926 dentición dentición

NCFS000 1 temporal temporal AQ0 SDfilesmergedinorder-TEI_pos-fl.txt

140 CS 0.999827 la el DA0FS0 0.98926 caries caries NCFN000 0.698105 se se

P00CN00 0.494509 midió medir VMIS3S0 1 en en SP 1 dentición dentición

NCFS000 1 temporal temporal AQ0CS00 0.819767 o o CC 0.999864

SDfilesmergedinorder-TEI_pos-fl.txt

141 S000 0.809701 de de SP 0.999961 higiene higiene NCFS000 1 se se P00CN00

0.494509 modificó modificar VMIS3S0 1 el el DA0MS0 1 color color

NCMS000 1 a a SP 0.998775 blanco blanco AQ0 SDfilesmergedinorder-TEI_pos-

fl.txt

142 de SP 0.999961 la el DA0FS0 0.98926 Jordan_University jordan_university

NP00000 1 mostraron mostrar VMIS3P0 1 grados grado NCMP000 1 más más

RG 0.99993 altos alto AQ0MP00 0.992424 de de SP 0.999961

SDfilesmergedinorder-TEI_pos-fl.txt

143 cistas ortodoncistas NCCP000 0.416928 siempre siempre RG 1 se se P00CN00
0.494509 mostraron mostrar VMIS3P0 1 más más RG 0.99993 estrictos estricto
AQ0MP00 1 a a SP 0.998775 la el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

144 ación escolarización NCFS000 1 primaria primario AQ0FS00 1 se se P00CN00
0.494509 mostraron mostrar VMIS3P0 1 como como CS 0.967153 variables variable
NCFP000 0.365965 independientes independiente AQ0CP00
SDfilesmergedinorder-TEI_pos-fl.txt

145 DA0MS0 1 alcohol alcohol NCMS000 1 no no RN 0.999297 se se P00CN00
0.494509 mostraron mostrar VMIS3P0 1 como como CS 0.967153 variables variable
NCFP000 0.365965 significativas significativo AQ0FP00 SDfilesmergedinorder-
TEI_pos-fl.txt

146 copilados recopilar VMP00PM 1 sobre sobre SP 0.997804 ICDAS_II icdas_ii
NP00000 1 mostraron mostrar VMIS3P0 1 una uno DI0FS0 0.951973 importante
importante AQ0CS00 1 diferencia diferencia NCFS000 0.879908
SDfilesmergedinorder-TEI_pos-fl.txt

147 00000 1 et e_t NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 mostraron mostrar
VMIS3P0 1 una uno DI0FS0 0.951973 fuerte fuerte AQ0CS00 0.969986
concordancia concordancia NCFS000 1 conSDfilesmergedinorder-TEI_pos-fl.txt

148 a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 en en SP 1 1995 1995 Z 1 mostraron
mostrar VMIS3P0 1 que que CS 0.449861 se se P00CN00 0.494509 puede poder
VMIP3S0 0.999693 obtener obtener SDfilesmergedinorder-TEI_pos-fl.txt

149 di NP00000 1 en en SP 1 este este DD0MS0 0.949201 estudio estudio
NCMS000 0.97043 mostraron mostrar VMIS3P0 1 un uno DI0MS0 0.99698
descenso descenso NCMS000 1 progresivo progresivo AQ0MS00 1 durante dura
SDfilesmergedinorder-TEI_pos-fl.txt

150 P 0.998775 nivel nivel NCMS000 1 tridimensional tridimensional AQ0CS00 1 ,
, Fc 1 mostraron mostrar VMIS3P0 1 un uno DI0MS0 0.99698 aumento aumento
NCMS000 0.998188 estadísticamente estadísticamente RG 1
SDfilesmergedinorder-TEI_pos-fl.txt

151 1 el el DA0MS0 1 análisis análisis NCMN000 1 cuantitativo cuantitativo
AQ0MS00 1 mostraron mostrar VMIS3P0 1 medias media NCFP000 0.736395 de
de SP 0.999961 la el DA0FS0 0.98926 fuerza fuerza NCFS000 0.9
SDfilesmergedinorder-TEI_pos-fl.txt

152 99297 todos todo DI0MP0 0.70665 los el DA0MP0 0.992728 estudios estudio
NCMP000 1 mostraron mostrar VMIS3P0 1 diferencias diferencia NCFP000
0.996454 estadísticamente estadísticamente RG 1 significativas6
SDfilesmergedinorder-TEI_pos-fl.txt

153 AQ0MP00 0.421252 de de SP 1 el el DA0MS0 1 Herbst herbst NP00000 1
mostró mostrar VMIS3S0 1 un uno DI0MS0 0.99698 crecimiento crecimiento
NCMS000 1 maxilar maxilar AQ0CS00 0.66124 restri SDfilesmergedinorder-
TEI_pos-fl.txt

154 p 1 Así así RG 0.999409 , , Fc 1 el el DA0MS0 1 cuestionario cuestionario
NCMS000 1 mostró mostrar VMIS3S0 1 una uno DI0FS0 0.951973 elevada elevar
VMP00SF 1 eficacia eficacia NCFS000 1 diagnóstica diagn
SDfilesmergedinorder-TEI_pos-fl.txt

155 DA0MS0 1 . . Fp 1 ((Fpa 1 2009 2009 Z 1)) Fpt 1 , , Fc 1 se se P00CN00
0.494509 mostró mostrar VMIS3S0 1 un uno DI0MS0 0.99698 agotamiento
agotamiento NCMS000 1 significativamente significativamente
SDfilesmergedinorder-TEI_pos-fl.txt

156 irregularidad NCFS000 1 incisal incisal NCMS000 1 inferior inferior AQ0CS00
0.992958 mostró mostrar VMIS3S0 1 una uno DI0FS0 0.951973 estabilidad
estabilidad NCFS000 1 absoluta absoluto AQ0FS00 1 en en
SDfilesmergedinorder-TEI_pos-fl.txt

157 .992728 casos caso NCMP000 1 . . Fp 1 El el DA0MS0 1 resalte resalte
NCMS000 0.6963 mostró mostrar VMIS3S0 1 estabilidad estabilidad NCFS000 1 en
en SP 1 el el DA0MS0 1 70_% 70/100 Zp 1 de de SDfilesmergedinorder-TEI_pos-
fl.txt

158 012 Z 1)) Fpt 1 . . Fp 1 La el DA0FS0 0.98926 sobremordida sobremordida
NCFS000 1 mostró mostrar VMIS3S0 1 estabilidad estabilidad NCFS000 1 en en SP 1

el el DA0MS0 1 55,7_% 55.7/100 Zp 1 de de SDfilesmergedinorder-TEI_pos-fl.txt

159 SP 1 el el DA0MS0 1 odontólogo odontólogo NCMS000 1 se se P00CN00 0.494509 mostró mostrar VMIS3S0 1 como como CS 0.967153 un uno DI0MS0 0.99698 factor factor NCMS000 1 relacionado relacionar VMP SDfilesmergedinorder-TEI_pos-fl.txt

160 embargo embargo NCMS000 0.995283 el el DA0MS0 1 metaanálisis metaanálisis NCMN000 1 mostró mostrar VMIS3S0 1 alta alto AQ0FS00 0.996988 heterogeneidad heterogeneidad NCFS000 1 de de SP 0.999961 los el DA SDfilesmergedinorder-TEI_pos-fl.txt

161 CFS000 1 . . Fp 1 </p> <p> Esta esta NP00000 1 investigación investigación NCFS000 1 mostró mostrar VMIS3S0 1 altos alto AQ0MP00 0.992424 grados grado NCMP000 1 de de SP 0.999961 heterogeneidad heterogene SDfilesmergedinorder-TEI_pos-fl.txt

162 0.98926 ATM atm NP00000 1 , , Fc 1 lo el DA00S0 0.665165 cual cual PROCS00 0.930743 motivó motivar VMIS3S0 1 la el DA0FS0 0.98926 realización realización NCFS000 1 de de SP 0.999961 una uno DIO SDfilesmergedinorder-TEI_pos-fl.txt

163 P 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2002 2002 Z 1)) Fpt 1 no no RN 0.999297 observaron observar VMIS3P0 1 cambios cambio NCMP000 1 en en SP 1 comparación comparación NCFS000 1 con con SP 1 el SDfilesmergedinorder-TEI_pos-fl.txt

164 0 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 2009 2009 Z 1)) Fpt 1 observaron observar VMIS3P0 1 lo el DA00S0 0.665165 mismo mismo AQ0MS00 0.802208 en en SP 1 un uno SDfilesmergedinorder-TEI_pos-fl.txt

165 OMS00 0.983871 de de SP 1 el el DA0MS0 1 disco disco NCMS000 1 , , Fc 1 observaron observar VMIS3P0 1 que que CS 0.449861 no no RN 0.999297 era ser VSII3S0 0.491317 recapturado recapturar VMP00 SDfilesmergedinorder-TEI_pos-fl.txt

166 0 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2007 2007 Z 1)) Fpt 1 , , Fc 1
observaron observar VMIS3P0 1 mediante mediante SP 0.99763 resonancia resonancia
NCFS000 1 magnética magnético AQ0FS00 1 , , SDfilesmergedinorder-TEI_pos-
fl.txt

167 1 2006b 2006b Z 1)) Fpt 1 , , Fc 1 quienes quien PROCP00 1 además además
RG 1 observaron observar VMIS3P0 1 que que CS 0.449861 el el DA0MS0 1
tratamiento tratamiento NCMS000 1 no no RN 0.999297 SDfilesmergedinorder-
TEI_pos-fl.txt

168 lguno DI0MP0 0.60333 pacientes paciente NCCP000 0.992958 se se P00CN00
0.494509 observaron observar VMIS3P0 1 efectos efecto NCMP000 1 adversos
adverso AQ0MP00 1 a a SP 1 el el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

169 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2002 2002 Z 1)) Fpt 1
observaron observar VMIS3P0 1 con con SP 1 resonancia resonancia NCFS000 1
magnética magnético AQ0FS00 1 que que PR0 SDfilesmergedinorder-TEI_pos-
fl.txt

170 DA0MS0 1 tratamiento tratamiento NCMS000 1 con con SP 1 Herbst herbst
NP00000 1 observaron observar VMIS3P0 1 que que CS 0.449861 se se P00CN00
0.494509 producía producir VMII3S0 0.65 un uno SDfilesmergedinorder-TEI_pos-
fl.txt

171 cia resonancia NCFS000 1 magnética magnético AQ0FS00 1 , , Fc 1 y y CC
0.999989 observaron observar VMIS3P0 1 una uno DI0FS0 0.951973 posición
posición NCFS000 1 de de SP 1 el el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

172 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2003 2003 Z 1)) Fpt 1
observaron observar VMIS3P0 1 que que CS 0.449861 los el DA0MP0 0.992728
cambios cambio NCMP000 1 en en SP 1 SDfilesmergedinorder-TEI_pos-fl.txt

173 Fpa 1 2007 2007 Z 1)) Fpt 1 , , Fc 1 no no RN 0.999297 se se P00CN00
0.494509 observaron observar VMIS3P0 1 cambios cambio NCMP000 1
significativos significativo AQ0MP00 1 entre entre SP 0.980341 la el
SDfilesmergedinorder-TEI_pos-fl.txt

174 0 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2008 2008 Z 1)) Fpt 1 , , Fc 1
observaron observar VMIS3P0 1 mediante mediante SP 0.99763 resonancia resonancia
NCFS000 1 magnética magnético AQ0FS00 1 que SDfilesmergedinorder-TEI_pos-
fl.txt

175 0 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2003 2003 Z 1)) Fpt 1 , , Fc 1
observaron observar VMIS3P0 1 un uno DI0MS0 0.99698 desplazamiento
desplazamiento NCMS000 1 en en SP 1 una uno DI0 SDfilesmergedinorder-
TEI_pos-fl.txt

176 0 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2014 2014 Z 1)) Fpt 1 , , Fc 1
observaron observar VMIS3P0 1 que que CS 0.449861 el el DA0MS0 1 tratamiento
tratamiento NCMS000 1 con con SP 1 SDfilesmergedinorder-TEI_pos-fl.txt

177 957064 estudio estudio NCMS000 0.97043 no no RN 0.999297 se se P00CN00
0.494509 observaron observar VMIS3P0 1 diferencias diferencia NCFP000
0.996454 significativas significativo AQ0FP00 1 en_cuanto_a en_
SDfilesmergedinorder-TEI_pos-fl.txt

178 (Fpa 1 2012 2012 Z 1)) Fpt 1 , , Fc 1 sí sí RG 0.654652 que que CS 0.449861
observaron observar VMIS3P0 1 mayor mayor AQ0CS00 0.9995 prevalencia
prevalencia NCFS000 1 de de SP 1 el el DA0 SDfilesmergedinorder-TEI_pos-
fl.txt

179 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2013 2013 Z 1)) Fpt 1
observaron observar VMIS3P0 1 que que CS 0.449861 un uno DI0MS0 0.99698
5,2_% 5.2/100 Zp 1 de de SP 0.999961 niños niño SDfilesmergedinorder-TEI_pos-
fl.txt

180 999989 cols col_s NCFS000 1 . . Fp 1 , , Fc 1 ((Fpa 1 2006 2006 Z 1)) Fpt 1
observaron observar VMIS3P0 1 estabilidad estabilidad NCFS000 0.965038 en en SP 1
el el DA0MS0 1 89_% 89/100 Zp 1 de de SDfilesmergedinorder-TEI_pos-fl.txt

181 000 1 y y CC 0.999989 Tuncay tuncay NP00000 1 ((Fpa 1 2001 2001 Z 1))
Fpt 1 observaron observar VMIS3P0 1 recidiva recidiva NCFS000 0.862807 a a SP
0.998775 largo largo AQ0MS00 0.990132 plazo plazo NC SDfilesmergedinorder-
TEI_pos-fl.txt

182 999989 cols col_s NCFS000 1 . . Fp 1 , , Fc 1 ((Fpa 1 2003 2003 Z 1)) Fpt 1
observaron observar VMIS3P0 1 una uno DI0FS0 0.951973 mayor mayor AQ0CS00
0.9995 estabilidad estabilidad NCFS000 1 en en SDfilesmergedinorder-TEI_pos-
fl.txt

183 2013 Z 1)) Fpt 1 . . Fp 1 Otros otro DI0MP0 0.745978 autores autor
NCMP000 1 observaron observar VMIS3P0 1 que que CS 0.449861 el el DA0MS0 1
apiñamiento apiñamiento NCMS000 1 fue ser VSIS3 SDfilesmergedinorder-
TEI_pos-fl.txt

184 S000 0.995283 , , Fc 1 algunos alguno DI0MP0 0.60333 estudios estudio
NCMP000 1 observaron observar VMIS3P0 1 que que CS 0.449861 las el DA0FP0
0.988184 porfirinas porfirina NCFP000 1 son ser VSIP3 SDfilesmergedinorder-
TEI_pos-fl.txt

185 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2014 2014 Z 1)) Fpt 1
observaron observar VMIS3P0 1 mayor mayor AQ0CS00 0.9995 sobremordida
sobremordida NCFS000 1 en en SP 1 niños niño NCMP000 0
SDfilesmergedinorder-TEI_pos-fl.txt

186 _t NCFS000 1 a a SP 1 el el DA0MS0 1 ((Fpa 1 2013 2013 Z 1)) Fpt 1
observaron observar VMIS3P0 1 lo el DA00S0 0.665165 contrario contrario
NCMS000 0.281746 y y CC 0.999989 Sum sum NP00000 1
SDfilesmergedinorder-TEI_pos-fl.txt

187 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2012 2012 Z 1)) Fpt 1
observaron observar VMIS3P0 1 en en SP 1 su su DP3CSN 1 revisión revisión
NCFS000 1 sistemática sistemático AQ0 SDfilesmergedinorder-TEI_pos-fl.txt

188 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2015 2015 Z 1)) Fpt 1
observaron observar VMIS3P0 1 que que CS 0.449861 el el DA0MS0 1 46_% 46/100
Zp 1 de de SP 0.999961 adultos adulto SDfilesmergedinorder-TEI_pos-fl.txt

189 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2001 2001 Z 1)) Fpt 1
observaron observar VMIS3P0 1 que que CS 0.449861 en en SP 1 pacientes paciente
NCCP000 0.992958 periodontales periodontal A SDfilesmergedinorder-TEI_pos-
fl.txt

190 000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 [[Fca 1 40 40 Z 1]] Fct 1
observaron observar VMIS3P0 1 que que CS 0.449861 la el DA0FS0 0.98926 media
media NCFS000 0.125887 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-
fl.txt

191 41 Z 1 . . Fp 1 Avçar avçar NP00000 1 et e_t NCFS000 1 al15 al15 Z 1
observaron observar VMIS3P0 1 que que CS 0.449861 los el DA0MP0 0.992728
niños niño NCMP000 0.998721 expuestos exponer VMP00
SDfilesmergedinorder-TEI_pos-fl.txt

192 y CC 0.999989 Nakayama nakayama NP00000 1 et e_t NCFS000 1 al25 al25 Z
1 observaron observar VMIS3P0 1 que que CS 0.449861 los el DA0MP0
0.992728 niños niño NCMP000 0.998721 de de SP 0.999961
SDfilesmergedinorder-TEI_pos-fl.txt

193 SP 1 el el DA0MS0 1 estudio estudio NCMS000 0.97043 se se P00CN00
0.494509 observó observar VMIS3S0 1 que que CS 0.449861 aunque aunque CC 1 el
el DA0MS0 1 sistema sistema NCMS000 1 SDfilesmergedinorder-TEI_pos-fl.txt

194 000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 [[Fca 1 22 22 Z 1]] Fct 1
observó observar VMIS3S0 1 que que CS 0.449861 a a SP 0.998775 mayor mayor
AQ0CS00 0.9995 severidad severidad NCFS000 1 SDfilesmergedinorder-TEI_pos-
fl.txt

195 0.999961 Jung jung NP00000 1 ((Fpa 1 27 27 Z 1)) Fpt 1 se se P00CN00
0.494509 observó observar VMIS3S0 1 que que CS 0.449861 las el DA0FP0
0.988184 chicas chico NCFP000 0.983871 tienen tener VMIP3
SDfilesmergedinorder-TEI_pos-fl.txt

196 e AQ0CS00 0.524254 estudio estudio NCMS000 0.97043 , , Fc 1 se se
P00CN00 0.494509 observó observar VMIS3S0 1 que que CS 0.449861 un uno
DI0MS0 0.99698 número número NCMS000 1 significativamente significa
SDfilesmergedinorder-TEI_pos-fl.txt

197 1 subgrupo subgrupo NCMS000 1 inmediato inmediato AQ0MS00 1 se se
P00CN00 0.494509 observó observar VMIS3S0 1 que que CS 0.449861 no no

RN 0.999297 existía existir VMII3S0 0.65 un uno DI0 SDfilesmergedinorder-TEI_pos-fl.txt

198 ,21,22,23 inmediata6,9,10,12,21,22,23 Z 1 . . Fp 1 Campos campos NP00000 0.331016 observó observar VMIS3S0 1 en en SP 1 su su DP3CSN 1 investigación investigación NCFS000 1 que que CS 0.449861 SDfilesmergedinorder-TEI_pos-fl.txt

199 e ese DD0MS0 0.966694 mismo mismo AQ0MS00 0.802208 estudio estudio NCMS000 0.97043 observó observar VMIS3S0 1 que que CS 0.449861 la el DA0FS0 0.98926 clorhexidina clorhexidina NCFS000 1 a a SP 1 SDfilesmergedinorder-TEI_pos-fl.txt

200 estudiante NCCP000 0.996183 de de SP 0.999961 odontología odontología NCFS000 1 obtuvieron obtener VMIS3P0 1 unos uno DI0MP0 0.959952 niveles nivel NCMP000 0.987805 de de SP 0.999961 agotamiento agotamie SDfilesmergedinorder-TEI_pos-fl.txt

201 y y CC 0.999989 cols col_s NCFS000 1 . . Fp 1 ((Fpa 1 2004 2004 Z 1)) Fpt 1 obtuvieron obtener VMIS3P0 1 resultados resultado NCMP000 0.998596 similares similar AQ0CP00 1 aunque aunque CC 1 con con S SDfilesmergedinorder-TEI_pos-fl.txt

202 1 resultados resultado NCMP000 0.998596 muy muy RG 1 similares similar AQ0CP00 1 obtuvieron obtener VMIS3P0 1 Renkema renkema NP00000 1 y y CC 0.999989 cols col_s NCFS000 1 . . Fp 1 , , Fc 1 ((Fpa 1 200 SDfilesmergedinorder-TEI_pos-fl.txt

203 0 1 hábito hábito NCMS000 1 tabáquico tabáquico AQ0MS00 1 se se P00CN00 0.494509 obtuvieron obtener VMIS3P0 1 unos uno DI0MP0 0.959952 valores valor NCMP000 0.99763 Odds_Ratio odds_ratio NP00000 1 de SDfilesmergedinorder-TEI_pos-fl.txt

204 io NCMP000 1 [[Fca 1 10-12 10-12 Z 1]] Fct 1 , , Fc 1 se se P00CN00 0.494509 obtuvieron obtener VMIS3P0 1 unos uno DI0MP0 0.959952 resultados resultado NCMP000 0.998596 similares similar AQ0CP00 1 , , SDfilesmergedinorder-TEI_pos-fl.txt

205 0 1 a a SP 1 el el DA0MS0 1 . . Fp 1 2008 2008 Z 1 [[Fca 1 11 11 Z 1]] Fct 1
obtuvieron obtener VMIS3P0 1 valores valor NCMP000 0.99763 mayores mayor
AQ0CP00 0.977642 ((Fpa 1 0.969 969 Z 1 y y CC 0. SDfilesmergedinorder-
TEI_pos-fl.txt

206 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 [[Fca 1 16 16 Z 1]] Fct 1
obtuvieron obtener VMIS3P0 1 una uno DI0FS0 0.951973 especificidad
especificidad NCFS000 1 para para SP 0.999834 la el DA0
SDfilesmergedinorder-TEI_pos-fl.txt

207 000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 [[Fca 1 17 17 Z 1]] Fct 1 , , Fc 1
obtuvieron obtener VMIS3P0 1 una uno DI0FS0 0.951973 especificidad
especificidad NCFS000 1 de de SP 0.999961 0.75/0.80 0.75
SDfilesmergedinorder-TEI_pos-fl.txt

208 ncluso incluso RG 0.998488 algunos alguno DI0MP0 0.60333 autores autor
NCMP000 1 obtuvieron obtener VMIS3P0 1 una uno DI0FS0 0.951973 reducción
reducción NCFS000 1 de de SP 1 el el DA0SDfilesmergedinorder-TEI_pos-fl.txt

209 1 PIDAQ pidaq NP00000 1 , , Fc 1 los el DA0MP0 0.992728 hombres hombre
NCMP000 1 obtuvieron obtener VMIS3P0 1 un uno DI0MS0 0.99698 valor valor
NCMS000 1 mayor mayor AQ0CS00 0.9995 tanto tanto SDfilesmergedinorder-
TEI_pos-fl.txt

210 CMP000 1 de de SP 0.999961 esta este DD0FS0 0.978817 revisión revisión
NCFS000 1 obtuvieron obtener VMIS3P0 1 puntuaciones puntuaciones NCFP000 1
bajas bajo AQ0FP00 0.426573 de de SP 0.999961 calidad calida
SDfilesmergedinorder-TEI_pos-fl.txt

211 curso NCMS000 0.994505 . . Fp 1 Además además RG 1 , , Fc 1 se se
P00CN00 0.494509 obtuvo obtener VMIS3S0 1 una uno DI0FS0 0.951973 fuerte
fuerte AQ0CS00 0.969986 relación relación NCFS000 1 entre entre
SDfilesmergedinorder-TEI_pos-fl.txt

212 P00000 1 and and NCFS000 1 Sharma sharma NP00000 1 ((Fpa 1 2015 2015
Z 1)) Fpt 1 obtuvo obtener VMIS3S0 1 una uno DI0FS0 0.951973 OR or NP00000 1

de de SP 0.999961 7,82 7.82 Z 1 , , Fc 1 menor SDfilesmergedinorder-TEI_pos-fl.txt

213 do NCMP000 0.998596 por por SP 1 sextantes sextante NCMP000 1 se se P00CN00 0.494509 obtuvo obtener VMIS3S0 1 que que CS 0.449861 casi casi RG 1 la el DA0FS0 0.98926 mitad mitad NCFS000 1 SDfilesmergedinorder-TEI_pos-fl.txt

214 1 el el DA0MS0 1 presente presente AQ0CS00 0.524254 estudio estudio NCMS000 0.97043 obtuvo obtener VMIS3S0 1 valores valor NCMP000 0.99763 de de SP 0.999961 reproducibilidad reproducibilidad NCFS000 1 de SDfilesmergedinorder-TEI_pos-fl.txt

215 este DD0MS0 0.949201 nivel nivel NCMS000 1 , , Fc 1 dado_que dado_que CS 1 obtuvo obtener VMIS3S0 1 una uno DI0FS0 0.951973 sensibilidad sensibilidad NCFS000 1 baja bajo AQ0FS00 0.414835 ((Fpa SDfilesmergedinorder-TEI_pos-fl.txt

216 1 el el DA0MS0 1 presente presente AQ0CS00 0.524254 trabajo trabajo NCMS000 0.975768 obtuvo obtener VMIS3S0 1 unos uno DI0MP0 0.959952 valores valor NCMP000 0.99763 de de SP 0.999961 especificidad especific SDfilesmergedinorder-TEI_pos-fl.txt

217 mientras mientras CS 0.88835 el el DA0MS0 1 examinador examinador NCMS000 1 1 1 Z 1 obtuvo obtener VMIS3S0 1 una uno DI0FS0 0.951973 especificidad especificidad NCFS000 1 de de SP 0.999961 0.810 810 Z 1 SDfilesmergedinorder-TEI_pos-fl.txt

218 AQ0MS00 1 positivo positivo AQ0MS00 0.996183 , , Fc 1 ICDAS_II icdas_ii NP000000 1 ofreció ofrecer VMIS3S0 1 un uno DI0MS0 0.99698 resultado resultado NCMS000 0.924877 de de SP 0.999961 1 1 Z 1 , , Fc 1 SDfilesmergedinorder-TEI_pos-fl.txt

219 las el DA0FP0 0.988184 imágenes imagen NCFP000 1 tomográficas tomo_gráfica NCMS000 1 osciló oscilar VMIS3S0 1 entre entre SP 0.980341 7 7 Z 1 y y CC 0.999989 menos menos RG 0.990694 de de SP 0.999961 15 1 SDfilesmergedinorder-TEI_pos-fl.txt

220 2011 Z 1)) Fpt 1 . . Fp 1 Este este DD0MS0 0.949201 parámetro parámetro
NCMS000 1 osciló oscilar VMIS3S0 1 entre entre SP 0.980341 1 1 Z 1 y y CC
0.999989 12 12 Z 1 meses mes NCMP000 0.999436 ; ; Fx 1

SDfilesmergedinorder-TEI_pos-fl.txt

221 y CC 0.999989 cols col_s NCFS000 1 . . Fp 1 ((Fpa 1 2007 2007 Z 1)) Fpt 1
permitieron permitir VMIS3P0 1 un uno DI0MS0 0.99698 pequeño pequeño
AQ0MS00 0.958984 margen margen NCCS000 1 de de SDfilesmergedinorder-
TEI_pos-fl.txt

222 un uno DI0MS0 0.99698 principio principio NCMS000 0.997238 se se
P00CN00 0.494509 planteó plantear VMIS3S0 1 como como CS 0.967153
posible posible AQ0CS00 1 limitación limitación NCFS000 1 el el DA0

SDfilesmergedinorder-TEI_pos-fl.txt

223 clusión inclusión NCFS000 1 , , Fc 1 y y CC 0.999989 que que PROCN00
0.550139 presentaron presentar VMIS3P0 1 una uno DI0FS0 0.951973 calidad
calidad NCFS000 1 moderada moderar VMP00SF 0.623747 y y

SDfilesmergedinorder-TEI_pos-fl.txt

224 728 50 50 Z 1 pacientes paciente NCCP000 0.992958 intubados intubar
VMP00PM 1 presentaron presentar VMIS3P0 1 alteraciones alteración NCFP000 1 en
en SP 1 la el DA0FS0 0.98926 ATM atm NP00000 1 , , SDfilesmergedinorder-
TEI_pos-fl.txt

225 DA0MP0 0.992728 pacientes paciente NCCP000 0.992958 que que PROCN00
0.550139 presentaron presentar VMIS3P0 1 un uno DI0MS0 0.99698 índice índice
NCMS000 1 de de SP 0.999961 discrepancia discrepancia NCFS

SDfilesmergedinorder-TEI_pos-fl.txt

226 CFS000 1 inicial inicial AQ0CS00 0.838542 alto alto AQ0MS00 0.995585 , ,
Fc 1 presentaron presentar VMIS3P0 1 un uno DI0MS0 0.99698 mayor mayor
AQ0CS00 0.9995 deterioro deterioro NCMS000 0.992958 de de

SDfilesmergedinorder-TEI_pos-fl.txt

227 0 0.98926 revisión revisión NCFS000 1 sistemática sistemático AQ0FS00
0.97619 presentaron presentar VMIS3P0 1 calidad calidad NCFS000 1

metodológica metodológico AQ0FS00 1 entre entre SP 0.980341 modera m

SDfilesmergedinorder-TEI_pos-fl.txt

228 1 97_% 97/100 Zp 1 de de SP 0.999961 los el DA0MP0 0.992728 casos caso
NCMP000 1 presentó presentar VMIS3S0 1 mejoría mejoría NCFS000 1 ((Fpa 1
el el DA0MS0 1 47_% 47/100 Zp 1 gran gran AQ0CS00 1

SDfilesmergedinorder-TEI_pos-fl.txt

229 SP 1 estos este DD0MP0 0.972009 casos caso NCMP000 1 se se P00CN00
0.494509 produjeron producir VMIS3P0 1 situaciones situación NCFP000 1 de
de SP 0.999961 dificultad dificultad NCFS000 0.992424 en en

SDfilesmergedinorder-TEI_pos-fl.txt

230 a clorhexidina NCFS000 1 como como CS 0.967153 inhibidor inhibidor
NCMS000 0.6137 promovió promover VMIS3S0 1 diferentes diferente DIOCP0
0.517182 efectos efecto NCMP000 1 sobre sobre SP 0.997804 la el DA

SDfilesmergedinorder-TEI_pos-fl.txt

231 FS000 0.987798 análoga análogo AQ0FS00 1 , , Fc 1 [[Fca 1 19 19 Z 1]] Fct
1 publicaron publicar VMIS3P0 1 un uno DI0MS0 0.99698 caso caso NCMS000
0.999445 similar similar AQ0CS00 1 de de SDfilesmergedinorder-TEI_pos-fl.txt

232 el DA0MS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 1997 1997 Z 1)) Fpt 1 se se P00CN00
0.494509 pudo poder VMIS3S0 1 observar observar VMN0000 1 un uno DI0MS0
0.99698 descenso descenso NCMS000 1 importante imporSDfilesmergedinorder-
TEI_pos-fl.txt

233 0.999961 0.810 810 Z 1 , , Fc 1 el el DA0MS0 1 examinador examinador
NCMS000 1 2 2 Z 1 quedó quedar VMIS3S0 1 en en SP 1 0.619 619 Z 1 . . Fp 1 </p>
<p> En en NP00000 1 el el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

234 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2016 2016 Z 1)) Fpt 1
reafirmaron reafirmar VMIS3P0 1 la el DA0FS0 0.98926 relación relación
NCFS000 1 entre entre SP 0.980341 el el DA0 SDfilesmergedinorder-TEI_pos-
fl.txt

235 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2003 2003 Z 1)) Fpt 1
realizaron realizar VMIS3P0 1 la el DA0FS0 0.98926 misma mismo AQ0FS00

0.81684 observación observación NCFS000 1 e y SDfilesmergedinorder-TEI_pos-fl.txt

236 99868 casos caso NCMP000 1 anteriores anterior AQ0CP00 1 se se P00CN00
0.494509 realizaron realizar VMIS3P0 1 maniobras maniobra NCFP000 0.986111 de
de SP 0.999961 laringoscopia laringoscopia NCFS000 1 di
SDfilesmergedinorder-TEI_pos-fl.txt

237 el DA0MS0 1 . . Fp 1 ((Fpa 1 2012 2012 Z 1)) Fpt 1 quienes quien PROCP00
1 realizaron realizar VMIS3P0 1 procedimientos procedimiento NCMP000 1
quirúrgicos quirúrgico AQ0MP00 1 más más RG 0.99993 inv
SDfilesmergedinorder-TEI_pos-fl.txt

238 nte AQ0CS00 0.524254 estudio estudio NCMS000 0.97043 únicamente
únicamente RG 1 realizaron realizar VMIS3P0 1 un uno DI0MS0 0.99698 periodo
periodo NCMS000 1 de de SP 0.999961 entrenamiento entrenamiento
SDfilesmergedinorder-TEI_pos-fl.txt

239 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 2000 2000 Z 1)) Fpt 1
realizaron realizar VMIS3P0 1 un uno DI0MS0 0.99698 seguimiento seguimiento
NCMS000 1 igual igual AQ0CS00 0.592493 o o SDfilesmergedinorder-TEI_pos-
fl.txt

240 .999961 heterogeneidad heterogeneidad NCFS000 1 , , Fc 1 se se P00CN00
0.494509 realizaron realizar VMIS3P0 1 meta-análisis meta_análisis NCFS000 1
diferenciados diferenciar VMP00PM 1 según según SP 0.768
SDfilesmergedinorder-TEI_pos-fl.txt

241 esgo sesgo NCMS000 0.736395 de de SP 0.999961 publicación publicación
NCFS000 1 realizaron realizar VMIS3P0 1 diferentes diferente DIOCP0 0.517182
análisis análisis NCMN000 1 A a NP00000 1 el el DA0 SDfilesmergedinorder-
TEI_pos-fl.txt

242 el el DA0MS0 1 cuestionario cuestionario NCMS000 1 , , Fc 1 se se P00CN00
0.494509 realizó realizar VMIS3S0 1 mediante mediante SP 0.99763 la el DA0FS0
0.98926 adición adición NCFS000 1 de de SP 1 SDfilesmergedinorder-TEI_pos-
fl.txt

243 AQ0CS00 1 indicar indicar VMN0000 1 que que CS 0.449861 se se P00CN00
0.494509 realizó realizar VMIS3S0 1 un uno DI0MS0 0.99698 cálculo cálculo
NCMS000 1 de de SP 1 el el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

244 e de SP 0.999961 publicación publicación NCFS000 1 , , Fc 1 se se P00CN00
0.494509 realizó realizar VMIS3S0 1 la el DA0FS0 0.98926 búsqueda búsqueda
NCFS000 1 en en SP 1 cuatro 4 Z 1 bases SDfilesmergedinorder-TEI_pos-fl.txt

245 00 1 , , Fc 1 en en SP 1 4 4 Z 1 estudios estudio NCMP000 1 se se P00CN00
0.494509 realizó realizar VMIS3S0 1 en en SP 1 3D 3D Z 1 mediante mediante SP
0.99763 CBCT cbct NP00000 1 ' ' Frc 1 SDfilesmergedinorder-TEI_pos-fl.txt

246 Fp 1 La el DA0FS0 0.98926 valoración valoración NCFS000 1 se se P00CN00
0.494509 realizó realizar VMIS3S0 1 mediante mediante SP 0.99763 el el DA0MS0
1 funnel funnel NCMS000 0.33334 plot plot NCMS000 1 SDfilesmergedinorder-
TEI_pos-fl.txt

247 ientes paciente NCCP000 0.992958 . . Fp 1 <p> <p> [[Fca 1 17 17 Z 1]] Fct
1 recogieron recoger VMIS3P0 1 que que CS 0.449861 un uno DI0MS0 0.99698 10_%
10/100 Zp 1 de de SP 0.999961 las el SDfilesmergedinorder-TEI_pos-fl.txt

248 más más RG 0.99993 anterior anterior AQ0CS00 1 , , Fc 1 aunque aunque CC
1 recomendaron recomendar VMIS3P0 1 realizar realizar VMN0000 1 un uno DI0MS0
0.99698 seguimiento seguimiento NCMS000 1 a a SP 0.9 SDfilesmergedinorder-
TEI_pos-fl.txt

249 0 0.98926 luxación luxación NCFS000 1 discal discal AQ0CS00 1 se se
P00CN00 0.494509 redujo reducir VMIS3S0 1 espontáneamente espontáneamente
RG 1 . . Fp 1 En en SP 1 estos este DD0MP0 0.972009 casos cas
SDfilesmergedinorder-TEI_pos-fl.txt

250 NCFS000 1 anestésica anestésico AQ0FS00 1 , , Fc 1 [[Fca 1 23 23 Z 1]] Fct
1 refirieron referir VMIS3P0 1 un uno DI0MS0 0.99698 caso caso NCMS000
0.999445 de de SP 0.999961 luxación luxación NCFS000 1
SDfilesmergedinorder-TEI_pos-fl.txt

251 con SP 1 bloqueo bloqueo NCMS000 0.992424 . . Fp 1 [[Fca 1 18 18 Z 1]]
Fct 1 refirieron referir VMIS3P0 1 hasta hasta SP 0.922749 un uno DI0MS0

0.99698 66_% 66/100 Zp 1 de de SP 0.999961 incidencias i

SDfilesmergedinorder-TEI_pos-fl.txt

252 P 0.999961 MIH mih NP00000 1 severa severo AQ0FS00 1 se se P00CN00

0.494509 relacionaron relacionar VMIS3P0 1 significativamente significativamente

RG 1 con con SP 1 un uno DI0MS0 0.99698 aumento aumento

SDfilesmergedinorder-TEI_pos-fl.txt

253 SP 1 sendos sendos DI0MP0 1 casos caso NCMP000 1 se se P00CN00

0.494509 reposicionó reposicionar VMIS3S0 1 la el DA0FS0 0.98926 articulación

articulación NCFS000 1 bajo bajo SP 0.909179 sedación sedaci

SDfilesmergedinorder-TEI_pos-fl.txt

254 .98926 vía vía NCFS000 0.941729 aérea aéreo AQ0FS00 1 que que PROCN00

0.550139 requirieron requerir VMIS3P0 1 de de SP 0.999961 técnicas técnica

NCFP000 0.349754 especiales especial AQ0CP00 1 para para SP

SDfilesmergedinorder-TEI_pos-fl.txt

255 ón luxación NCFS000 1 condilar condilar AQ0CS00 1 , , Fc 1 se se P00CN00

0.494509 requirió requerir VMIS3S0 1 de de SP 0.999961 la el DA0FS0 0.98926

realización realización NCFS000 1 de de SP 0.999961 SDfilesmergedinorder-

TEI_pos-fl.txt

256 000 1 articulares articular AQ0CP00 0.992708 . . Fp 1 [[Fca 1 4 4 Z 1]] Fct 1

reseñaron reseñar VMIS3P0 1 un uno DI0MS0 0.99698 caso caso NCMS000

0.999445 de de SP 0.999961 luxación luxación NCFS000 1

SDfilesmergedinorder-TEI_pos-fl.txt

257 1]] Fct 1 y y CC 0.999989 [[Fca 1 26 26 Z 1]] Fct 1 se se P00CN00

0.494509 reseñaron reseñar VMIS3P0 1 casos caso NCMP000 1 de de SP 0.999961

desplazamiento desplazamiento NCMS000 1 discal discal A

SDfilesmergedinorder-TEI_pos-fl.txt

258 SP 1 esa ese DD0FS0 0.964505 razón razón NCFS000 1 se se P00CN00

0.494509 separaron separar VMIS3P0 1 hombres hombre NCMP000 1 y y CC

0.999989 mujeres mujer NCFP000 1 para para SP 0.999834 realiza

SDfilesmergedinorder-TEI_pos-fl.txt

259 SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 1997 1997 Z 1)) Fpt 1 , , Fc 1
señalaron señalar VMIS3P0 1 la el DA0FS0 0.98926 importancia importancia
NCFS000 1 de de SP 0.999961 comprobar comprobar V SDfilesmergedinorder-
TEI_pos-fl.txt

260 PP3MP00 1 , , Fc 1 el el DA0MS0 1 bloqueo bloqueo NCMS000 0.992424
tuvo_lugar tener_lugar VMIS3S0 1 antes_de antes_de SP 1 realizar realizar
VMN0000 1 las el DA0FP0 0.988184 maniobras SDfilesmergedinorder-TEI_pos-
fl.txt

261 .999961 cada cada DI0CS0 1 paciente paciente NCCS000 0.5 , , Fc 1 se se
P00CN00 0.494509 tomó tomar VMIS3S0 1 la el DA0FS0 0.98926 decisión
decisión NCFS000 1 clínica clínico AQ0FS00 0.152778 de de
SDfilesmergedinorder-TEI_pos-fl.txt

262 cación NCFS000 1 de de SP 0.999961 clorhexidina clorhexidina NCFS000 1 no
no RN 0.999297 tuvo tener VMIS3S0 1 influencia influencia NCFS000 0.986928
sobre sobre SP 0.997804 los el DA0MP0 0.992728 valores
SDfilesmergedinorder-TEI_pos-fl.txt

263 0.998775 los el DA0MP0 0.992728 6 6 Z 1 meses mes NCMP000 0.999436
tampoco tampoco RG 1 tuvo tener VMIS3S0 1 influencia influencia NCFS000
0.986928 sobre sobre SP 0.997804 los el DA0MP0 0.992728 valores
SDfilesmergedinorder-TEI_pos-fl.txt

264 OMS0 1 grupo grupo NCMS000 1 experimental experimental AQ0CS00 1 que
que P00CN00 0.550139 usó usar VMIS3S0 1 clorhexidina clorhexidina NCFS000 1
a a SP 1 el el DA0MS0 1 2_% 2/100 Zp 1 respecto_a SDfilesmergedinorder-
TEI_pos-fl.txt

265 0 1 a a SP 1 el el DA0MS0 1 . . Fp 1 , , Fc 1 ((Fpa 1 2014 2014 Z 1)) Fpt 1
utilizaron utilizar VMIS3P0 1 el el DA0MS0 1 protocolo protocolo NCMS000
0.980769 SAFM safm NP00000 1 ((Fpa 1 Skeletal_Anc SDfilesmergedinorder-
TEI_pos-fl.txt

266 0 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2013 2013 Z 1)) Fpt 1 , , Fc 1
utilizaron utilizar VMIS3P0 1 el el DA0MS0 1 CBCT_Implagraphy

cbct_implagraphy NP00000 1 de de SP 0.999961 la SDfilesmergedinorder-
TEI_pos-fl.txt

267 NCFS000 1 a a SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2013 2013 Z 1)) Fpt 1
utilizaron utilizar VMIS3P0 1 Veraviewepocs veraviewepocs NP00000 1 3D 3D Z
1 de de SP 0.999961 la el DA0FS0 0.98926 SDfilesmergedinorder-TEI_pos-
fl.txt

268 ambos ambos DI0MP0 0.526261 lados lado NCMP000 1 . . Fp 1 Se se
P00CN00 0.494509 utilizó utilizar VMIS3S0 1 una uno DI0FS0 0.951973 fuerza
fuerza NCFS000 0.99684 inicial inicial AQ0CS00 0.838542 de de
SDfilesmergedinorder-TEI_pos-fl.txt

269 cemark NP00000 1 combination combination NCCN000 1 : : Fd 1 Se se
P00CN00 0.494509 utilizó utilizar VMIS3S0 1 un uno DI0MS0 0.99698 Hyrax hyrax
NP00000 1 híbrido híbrido AQ0MS00 0.361312 con con SDfilesmergedinorder-
TEI_pos-fl.txt

270 SP 1 el el DA0MS0 1 . . Fp 1 ((Fpa 1 2015 2015 Z 1)) Fpt 1 no no RN
0.999297 vieron ver VMIS3P0 1 ninguna ninguno DI0FS0 0.829392 asociación
asociación NCFS000 1 . . Fp 1 Nosotros nosotros PP SDfilesmergedinorder-
TEI_pos-fl.txt

SD Present perfect (pasado compuesto) VAIP + VMP

1 999961 aparatología aparatología NCFS000 1 funcional funcional AQ0CS00 1
no no RN 0.999297 ha haber VAIP3S0 0.999889 resultado resultar VMP00SM
0.0751232 abundante abundante AQ0CS00 1 a_pesar_de a_pesar_
SDfilesmergedinorder-TEI_pos-fl.txt

2 , , Fc 1 pero pero CC 0.999902 nuestra nuestro DP1FSP 0.867454 revisión
revisión NCFS000 1 ha haber VAIP3S0 0.999889 mostrado mostrar VMP00SM
1 una uno DI0FS0 0.951973 carencia carencia NCFS000 1 de de
SDfilesmergedinorder-TEI_pos-fl.txt

3 /p> <p> Los los NP00000 1 artículo artículo NCMS000 1 seleccionados
seleccionar VMP00PM 1 han haber VAIP3P0 0.999845 mostrado mostrar VMP00SM
1 una uno DI0FS0 0.951973 falta falta NCFS000 0.809701 de de
SDfilesmergedinorder-TEI_pos-fl.txt

4 CS 0.88835 la el DA0FS0 0.98926 gran gran AQ0CS00 1 mayoría mayoría
NCFS000 1 han haber VAIP3P0 0.999845 utilizado utilizar VMP00SM 1 el el
DA0MS0 1 Herbst herbst NP00000 1 , , Fc 1 otros SDfilesmergedinorder-TEI_pos-
fl.txt

5 1 el el DA0MS0 1 Herbst herbst NP00000 1 , , Fc 1 otros otro PI0MP00
0.254022 han haber VAIP3P0 0.999845 estudiado estudiar VMP00SM 1 aparatología
aparatología NCFS000 1 removable removable AQ0CS00 1 como como
SDfilesmergedinorder-TEI_pos-fl.txt

6 00 1 orotraqueal orotraqueal AQ0CS00 0.815432 . . Fp 1 </p> <p> También
también NP00000 1 han haber VAIP3P0 0.999845 comenzado comenzar
VMP00SM 1 a a SP 0.998775 reportar reportar VMN0000 1 se se PP3
SDfilesmergedinorder-TEI_pos-fl.txt

7 étricas psicométrico AQ0FP00 1 , , Fc 1 el el DA0MS0 1 cuestionario
cuestionario NCMS000 1 ha haber VAIP3S0 0.999889 mostrado mostrar VMP00SM
1 ser ser VSN0000 0.959637 fiable fiable AQ0CS00 1 y y SDfilesmergedinorder-
TEI_pos-fl.txt

8 dio NCMP000 1 factoriales factorial AQ0CP00 0.601294 psicométricos
psicométrico AQ0MP00 1 han haber VAIP3P0 0.999845 reproducido reproducir
VMP00SM 1 una uno DI0FS0 0.951973 estructura estructura NCFS000 0.954373 de de
SDfilesmergedinorder-TEI_pos-fl.txt

9 CFS000 1 constituyendo constituir VMG0000 1 lo el DA00S0 0.665165 que
que PROCN00 0.550139 ha haber VAIP3S0 0.999889 venido venir VMP00SM 1 a a
SP 0.998775 llamar llamar VMN0000 1 se se PP3 SDfilesmergedinorder-TEI_pos-
fl.txt

10 88184 redes red NCFP000 0.990196 sociales social AQ0CP00 0.997835 nos
nos PP1CP00 0.810258 ha haber VAIP3S0 0.999889 permitido permitir VMP00SM

1 abarcar abarcar VMN0000 1 una uno DIOFS0 0.951973 muestra muestra

SDfilesmergedinorder-TEI_pos-fl.txt

11 OFS0 0.951973 sobreestimación sobreestimación NCFS000 1 . . Fp 1 </p> <p>

Se se NP00000 1 han haber VAIP3P0 0.999845 intentado intentar VMP00SM 1

controlar controlar VMN0000 1 otros otro DIOMP0 0.745978 factores factor

SDfilesmergedinorder-TEI_pos-fl.txt

12 OMS0 1 paciente paciente NCCS000 0.5 , , Fc 1 por por SP 1 ello ello PD00S00

1 ha haber VAIP3S0 0.999889 aumentado aumentar VMP00SM 1 el el DA0MS0 1

interés interés NCMS000 1 en en SDfilesmergedinorder-TEI_pos-fl.txt

13 prueba prueba NCFS000 0.950339 diagnóstica diagnóstico AQ0FS00 1 que

que PRCN00 0.550139 ha haber VAIP3S0 0.999889 demostrado demostrar

VMP00SM 1 ser ser VSN0000 0.959637 válida válido AQ0FS00 1 para para

SDfilesmergedinorder-TEI_pos-fl.txt

14 presente presente AQ0CS00 0.524254 estudio estudio NCMS000 0.97043 se se

P00CN00 0.494509 ha haber VAIP3S0 0.999889 investigado investigar

VMP00SM 1 la el DA0FS0 0.98926 relación relación NCFS000 1 entre entre

SDfilesmergedinorder-TEI_pos-fl.txt

15 S000 0.994778 anatómica anatómico AQ0FS00 1 . . Fp 1 </p> <p> Tampoco

tampoco NP00000 1 hemos haber VAIP1P0 0.997509 encontrado encontrar

VMP00SM 1 en en SP 1 la el DA0FS0 0.98926 literatura literatura

SDfilesmergedinorder-TEI_pos-fl.txt

16 AQ0CS00 0.661294 que que CS 0.449861 la el DA0FS0 0.98926 literatura

literatura NCFS000 1 ha haber VAIP3S0 0.999889 relacionado relacionar

VMP00SM 1 con con SP 1 la el DA0FS0 0.98926 cantidad cantidad

SDfilesmergedinorder-TEI_pos-fl.txt

17 NCFS000 0.338706 , , Fc 1 aunque aunque CC 1 no no RN 0.999297 se se

P00CN00 0.494509 ha haber VAIP3S0 0.999889 incluido incluir VMP00SM 1

de de SP 0.999961 manera manera NCFS000 1 directa directo AQ0

SDfilesmergedinorder-TEI_pos-fl.txt

18 cisivos incisivo NCMP000 0.338706 , , Fc 1 las el DA0FP0 0.988184 cuales
cual PROCP00 1 hemos haber VAIP1P0 0.997509 incluido incluir VMP00SM 1
en en SP 1 nuestro nuestro DP1MSP 0.957064 estudio estudio
SDfilesmergedinorder-TEI_pos-fl.txt

19 DA0MP0 0.992728 Países_Bajos países_bajos NP00000 1 , , Fc 1 se se
P00CN00 0.494509 ha haber VAIP3S0 0.999889 observado observar
VMP00SM 1 una uno DI0FS0 0.951973 prevalencia prevalencia NCFS000 1 de de
SDfilesmergedinorder-TEI_pos-fl.txt

20 P 1 nuestro nuestro DP1MSP 0.957064 estudio estudio NCMS000 0.97043 se
se P00CN00 0.494509 ha haber VAIP3S0 0.999889 observado observar
VMP00SM 1 una uno DI0FS0 0.951973 prevalencia prevalencia NCFS000 1 de de
SDfilesmergedinorder-TEI_pos-fl.txt

21 1 de de SP 0.999961 prevalencia prevalencia NCFS000 1 de de SP 0.999961
MIH mih NP00000 1 han haber VAIP3P0 0.999845 mostrado mostrar VMP00SM
1 unas uno DI0FP0 0.991065 cotas cota NCFP000 0.989726 entre entre
SDfilesmergedinorder-TEI_pos-fl.txt

22 92958 derecho derecho NCMS000 0.882166 . . Fp 1 No no RN 0.999263 se se
P00CN00 0.494509 han haber VAIP3P0 0.999845 encontrado encontrar
VMP00SM 1 una uno DI0FS0 0.951973 asociación asociación NCFS000 1 significativa
significativo SDfilesmergedinorder-TEI_pos-fl.txt

23 1 nuestro nuestro DP1MSP 0.957064 estudio estudio NCMS000 0.97043 se se
P00CN00 0.494509 han haber VAIP3P0 0.999845 seguido seguir VMP00SM 1
los el DA0MP0 0.992728 criterios criterio NCMP000 1 establecidos establecer
SDfilesmergedinorder-TEI_pos-fl.txt

24 . Fp 1 Las el DA0FP0 0.988184 exploraciones exploración NCFP000 1 se se
P00CN00 0.494509 han haber VAIP3P0 0.999845 realizado realizar VMP00SM 1
en en SP 1 un uno DI0MS0 0.99698 sillón sillón SDfilesmergedinorder-TEI_pos-
fl.txt

25 0.999961 la el DA0FS0 0.98926 cohorte cohorte NCFS000 1 . . Fp 1 Se se
P00CN00 0.494509 ha haber VAIP3S0 0.999889 obtenido obtener VMP00SM 1

una uno DI0FS0 0.951973 baja bajo AQ0FS00 0.414835 sensibilidad

SDfilesmergedinorder-TEI_pos-fl.txt

26 P 1 nuestro nuestro DP1MSP 0.957064 estudio estudio NCMS000 0.97043 se

se P00CN00 0.494509 ha haber VAIP3S0 0.999889 observado observar

VMP00SM 1 una uno DI0FS0 0.951973 clara claro AQ0FS00 0.994505 tendencia

SDfilesmergedinorder-TEI_pos-fl.txt

27 SP 0.999961 variación variación NCFS000 1 . . Fp 1 Por por SP 1 ello ello

PD00S00 1 hemos haber VAIP1P0 0.997509 considerado considerar VMP00SM 1

estabilidad estabilidad NCFS000 1 absoluta absoluto AQ0FS00 1 cuando cuando

SDfilesmergedinorder-TEI_pos-fl.txt

28 estudiados estudiar VMP00PM 1 , , Fc 1 únicamente únicamente RG 1 se se

P00CN00 0.494509 han haber VAIP3P0 0.999845 encontrado encontrar

VMP00SM 1 variables variable NCFP000 0.365965 predictivas predictivo AQ0FP00 1

para para SDfilesmergedinorder-TEI_pos-fl.txt

29 sin SP 1 retención retención NCFS000 1 no no RN 0.999297 se se P00CN00

0.494509 han haber VAIP3P0 0.999845 mostrado mostrar VMP00SM 1 significativas

significativo AQ0FP00 1 en en SP 1 el el SDfilesmergedinorder-TEI_pos-fl.txt

30 n regresión NCFS000 1 logístico logístico AQ0MS00 0.125434 , , Fc 1 pero

pero CC 0.999902 han haber VAIP3P0 0.999845 mostrado mostrar VMP00SM 1

valores valor NCMP000 0.99763 cercanos cercano AQ0MP00 0.97619 a a

SDfilesmergedinorder-TEI_pos-fl.txt

31 SP 1 otros otro DI0MP0 0.745978 autores autor NCMP000 1 que que

PR0CN00 0.550139 han haber VAIP3P0 0.999845 obtenido obtener VMP00SM 1

muestras muestra NCFP000 0.97619 pequeñas pequeño AQ0FP00 0.995495 por por

SDfilesmergedinorder-TEI_pos-fl.txt

32 4 Z 1 años año NCMP000 1 post-tratamiento post-tratamiento NCMS000 1 ya

ya RG 0.999785 han haber VAIP3P0 0.999845 ocurrido ocurrir VMP00SM 1 los el

DA0MP0 0.992728 mayores mayor AQ0CP00 0.977642 cambios

SDfilesmergedinorder-TEI_pos-fl.txt

33 presente presente AQ0CS00 0.524254 estudio estudio NCMS000 0.97043 se se P00CN00 0.494509 han haber VAIP3P0 0.999845 obtenido obtener VMP00SM 1 unos uno DI0MP0 0.959952 valores valor NCMP000 0.99763 ligeramente ligeramente SDfilesmergedinorder-TEI_pos-fl.txt

34 la el DA0FS0 0.98926 sensibilidad sensibilidad NCFS000 1 , , Fc 1 se se P00CN00 0.494509 han haber VAIP3P0 0.999845 obtenido obtener VMP00SM 1 resultados resultado NCMP000 0.998596 semejantes semejante AQ0CP00 0.561644 a a SDfilesmergedinorder-TEI_pos-fl.txt

35 MP000 0.998596 interexaminador interexaminador NCMS000 1 . . Fp 1 </p><p> Se se NP00000 1 ha haber VAIP3S0 0.999889 observado observar VMP00SM 1 que que CS 0.449861 el el DA0MS0 1 diámetro diámetro SDfilesmergedinorder-TEI_pos-fl.txt

36 si CS 0.999827 bien bien RG 0.876088 sólo sólo RG 1 se se P00CN00 0.494509 han haber VAIP3P0 0.999845 podido poder VMP00SM 1 incluir incluir VMN0000 1 2 2 Z 1 estudios estudio NCMP000 1 en en SDfilesmergedinorder-TEI_pos-fl.txt

37 asociación asociación NCFS000 1 . . Fp 1 Nosotros nosotros PP1MP00 1 no no RN 0.999297 hemos haber VAIP1P0 0.997509 encontrado encontrar VMP00SM 1 ninguna ninguno DIOFS0 0.829392 asociación asociación NCFS000 1 significativa significativo SDfilesmergedinorder-TEI_pos-fl.txt

38 OMS0 1 mismo mismo AQ0MS00 0.802208 modo modo NCMS000 1 , , Fc 1 no no RN 0.999297 hemos haber VAIP1P0 0.997509 observado observar VMP00SM 1 una uno DIOFS0 0.951973 asociación asociación NCFS000 1 significativa significativo SDfilesmergedinorder-TEI_pos-fl.txt

39 zar VMN0000 1 tratamientos tratamiento NCMP000 1 ortopédicos ortopédico AQ0MP00 1 , , Fc 1 ha haber VAIP3S0 0.999889 ganado ganar VMP00SM 0.753759 popularidad popularidad NCFS000 1 entre entre SP 0.980341 los el DA0 SDfilesmergedinorder-TEI_pos-fl.txt

40 OFP00 0.997159 publicaciones publicación NCFP000 1 su su DP3CSN 1 uso uso NCMS000 0.998047 ha haber VAIP3S0 0.999889 ido ir VMP00SM 1 en en SP 1

aumento aumento NCMS000 0.998188 . . Fp 1 Si si SDfilesmergedinorder-
TEI_pos-fl.txt

41 los el DA0MP0 0.992728 10 10 Z 1 artículos artículo NCMP000 1 aceptados
aceptar VMP00PM 1 han haber VAIP3P0 0.999845 seguido seguir VMP00SM 1
un uno DI0MS0 0.99698 proceso proceso NCMS000 0.999101 de de
SDfilesmergedinorder-TEI_pos-fl.txt

42 SP 1 el el DA0MS0 1 metaanálisis metaanálisis NCMN000 1 , , Fc 1 pero pero
CC 0.999902 han haber VAIP3P0 0.999845 aportado aportar VMP00SM 1
información información NCFS000 1 muy muy RG 1 valiosa valioso AQ0
SDfilesmergedinorder-TEI_pos-fl.txt

43 h:24 Zu 1 . . Fp 1 </p> <p> Históricamente históricamente NP00000 1 se se
P00CN00 0.494509 ha haber VAIP3S0 0.999889 recomendado recomendar
VMP00SM 0.97619 que que CS 0.449861 la el DA0FS0 0.98926 tracción tracción
SDfilesmergedinorder-TEI_pos-fl.txt

44 . . Fp 1 En en SP 1 nuestro nuestro DP1MSP 0.957064 metaanálisis
metaanálisis NCMN000 1 hemos haber VAIP1P0 0.997509 analizado analizar
VMP00SM 1 las el DA0FP0 0.988184 cinco 5 Z 0.999454 variables variable NCFP000
0.365965 SDfilesmergedinorder-TEI_pos-fl.txt

45 1 ANB anb NP00000 1 , , Fc 1 SNA sna NP00000 1 , , Fc 1 SNB snb NP00000
1)) Fpt 1 han haber VAIP3P0 0.999845 mostrado mostrar VMP00SM 1 cambios
cambio NCMP000 1 significativos significativo AQ0MP00 1 . . Fp 1 Sin
SDfilesmergedinorder-TEI_pos-fl.txt

46 1 paciente paciente NCCS000 0.5 . . Fp 1 Además además RG 1 , , Fc 1 no no
RN 0.999297 hemos haber VAIP1P0 0.997509 podido poder VMP00SM 1 crear crear
VMN0000 1 subgrupos subgrupo NCMP000 1 que que PR0
SDfilesmergedinorder-TEI_pos-fl.txt

47 sgo sesgo NCMS000 0.736395 de de SP 0.999961 publicación publicación
NCFS000 1 , , Fc 1 hemos haber VAIP1P0 0.997509 realizado realizar VMP00SM 1
la el DA0FS0 0.98926 búsqueda búsqueda NCFS000 1 en en
SDfilesmergedinorder-TEI_pos-fl.txt

48 de SP 0.999961 datos dato NCMP000 1 y y CC 0.999989 la lo PP3FSA0
0.010734 hemos haber VAIP1P0 0.997509 complementado complementar
VMP00SM 1 con con SP 1 una uno DI0FS0 0.951973 búsqueda búsqueda
SDfilesmergedinorder-TEI_pos-fl.txt

49 como CS 0.967153 con con SP 1 EP ep NP00000 1 . . Fp 1 No no RN
0.999263 hemos haber VAIP1P0 0.997509 encontrado encontrar VMP00SM 1
diferencias diferencia NCFP000 0.996454 entre entre SP 0.980341 el el DA0
SDfilesmergedinorder-TEI_pos-fl.txt

50 in SP 1 embargo embargo NCMS000 0.995283 , , Fc 1 sí sí RG 0.654652 que
que CS 0.449861 hemos haber VAIP1P0 0.997509 observado observar
VMP00SM 1 un uno DI0MS0 0.99698 aumento aumento NCMS000 0.998188
significativo significativo SDfilesmergedinorder-TEI_pos-fl.txt

51 S00 1 ((Fpa 1 13 13 Z 1)) Fpt 1 . . Fp 1 Como como CS 0.967153 se se
P00CN00 0.494509 ha haber VAIP3S0 0.999889 demostrado demostrar
VMP00SM 1 , , Fc 1 estos este DD0MP0 0.972009 metabolitos metabolito NCMP000 1
disminuyen SDfilesmergedinorder-TEI_pos-fl.txt

52 1 lo el DA00S0 0.665165 que que PROCN00 0.550139 se se P00CN00
0.494509 ha haber VAIP3S0 0.999889 señalado señalar VMP00SM 1 como como
CS 0.967153 posibles posible AQ0CP00 1 indicadores indicador
SDfilesmergedinorder-TEI_pos-fl.txt

53 SP 1 el el DA0MS0 1 sódio sódio NCMS000 0.569383 se se P00CN00
0.494509 ha haber VAIP3S0 0.999889 empleado emplear VMP00SM 0.865854
como como CS 0.967153 fármaco fármaco NCMS000 1 coadyuvante coadyuvante AQ0
SDfilesmergedinorder-TEI_pos-fl.txt

54 MP0 0.992728 glioblastomas glioblastomas NCMP000 0.666627 . . Fp 1 Se se
P00CN00 0.494509 ha haber VAIP3S0 0.999889 demostrado demostrar
VMP00SM 1 que que CS 0.449861 un uno DI0MS0 0.99698 entorno entorno
SDfilesmergedinorder-TEI_pos-fl.txt

55 ento NCMS000 0.998188 de de SP 0.999961 tirosina tirosina NCFS000 1 se se
P00CN00 0.494509 ha haber VAIP3S0 0.999889 relacionado relacionar

VMP00SM 1 con con SP 1 enfermedades enfermedad NCFP000 1 crónica crónico AQ0

SDfilesmergedinorder-TEI_pos-fl.txt

56 1 . . Fp 1 La el DA0FS0 0.98926 alanina alanina NCFS000 1 se se P00CN00

0.494509 ha haber VAIP3S0 0.999889 sugerido sugerir VMP00SM 1 como como

CS 0.967153 posible posible AQ0CS00 1 biomarcador biomarcador

SDfilesmergedinorder-TEI_pos-fl.txt

57 CFP000 0.994792 periodontales periodontal AQ0CP00 1 y y CC 0.999989 se se

P00CN00 0.494509 ha haber VAIP3S0 0.999889 relacionado relacionar

VMP00SM 1 significativamente significativamente RG 1 con con SP 1 bolsas bolsa

NCFP000 1 SDfilesmergedinorder-TEI_pos-fl.txt

58 0000 1 ((Fpa 1 24 24 Z 1)) Fpt 1 . . Fp 1 También también RG 1 se se

P00CN00 0.494509 ha haber VAIP3S0 0.999889 propuesto proponer

VMP00SM 1 para para SP 0.999834 el el DA0MS0 1 diagnóstico diagnóstico

SDfilesmergedinorder-TEI_pos-fl.txt

59 AQ0FP00 0.564874 en en SP 1 leucina leucina NCFS000 1 se se P00CN00

0.494509 han haber VAIP3P0 0.999845 relacionado relacionar VMP00SM 1 con con

SP 1 la el DA0FS0 0.98926 capacidad capacidad SDfilesmergedinorder-TEI_pos-

fl.txt

60 1 Por_otro_lado por_otro_lado RG 1 , , Fc 1 se se P00CN00 0.494509 ha

haber VAIP3S0 0.999889 observado observar VMP00SM 1 un uno DI0MS0 0.99698

aumento aumento NCMS000 0.998188 de de SDfilesmergedinorder-TEI_pos-

fl.txt

61 NCMP000 1 malignos maligno AQ0MP00 0.486294 y y CC 0.999989 se se

P00CN00 0.494509 ha haber VAIP3S0 0.999889 relacionado relacionar

VMP00SM 1 principalmente principalmente RG 1 con con SP 1 un uno DI0

SDfilesmergedinorder-TEI_pos-fl.txt

62 666627 ((Fpa 1 26 26 Z 1)) Fpt 1 . . Fp 1 También también RG 1 se se

P00CN00 0.494509 ha haber VAIP3S0 0.999889 demostrado demostrar

VMP00SM 1 que que CS 0.449861 actuar actuar VMN0000 1 sobre sobre SP 0.997804

SDfilesmergedinorder-TEI_pos-fl.txt

63 1 presente presente AQ0CS00 0.524254 estudio estudio NCMS000 0.97043 no
no RN 0.999297 hemos haber VAIP1P0 0.997509 encontrado encontrar
VMP00SM 1 diferencias diferencia NCFP000 0.996454 significativas significativo
AQ0FP00 1 entre entre SDfilesmergedinorder-TEI_pos-fl.txt

64 sentaban presentar VMII3P0 1 salud salud NCFS000 1 gingival gingival
AQ0CS00 1 , , Fc 1 hemos haber VAIP1P0 0.997509 encontrado encontrar
VMP00SM 1 una uno DI0FS0 0.951973 serie serie NCFS000 0.993392 de de
SDfilesmergedinorder-TEI_pos-fl.txt

65 p 1 Pocos poco DI0MP0 0.736967 estudios estudio NCMP000 1 previos previo
AQ0MP00 0.97619 han haber VAIP3P0 0.999845 evaluado evaluar VMP00SM 1
diferencias diferencia NCFP000 0.996454 en en SP 1 los el DA0
SDfilesmergedinorder-TEI_pos-fl.txt

66 0.98926 hipomineralización hipo_mineralización NCMS000 1 . . Fp 1 </p> <p>
Se se NP00000 1 ha haber VAIP3S0 0.999889 dicho decir VMP00SM 0.997159 que
que CS 0.449861 uno uno PI0MS00 0.981709 de de SDfilesmergedinorder-
TEI_pos-fl.txt

67 efecto NCMS000 1 . . Fp 1 </p> <p> Diversos diversos NP00000 1 estudios
estudio NCMP000 1 han haber VAIP3P0 0.999845 demostrado demostrar
VMP00SM 1 que que CS 0.449861 los el DA0MP0 0.992728 niños niño
SDfilesmergedinorder-TEI_pos-fl.txt

68 1 nuestro nuestro DP1MSP 0.957064 estudio estudio NCMS000 0.97043 se se
P00CN00 0.494509 han haber VAIP3P0 0.999845 seguido seguir VMP00SM 1
los el DA0MP0 0.992728 criterios criterio NCMP000 1 establecidos establecer
SDfilesmergedinorder-TEI_pos-fl.txt

69 0.998775 la el DA0FS0 0.98926 MIH mih NP00000 1 . . Fp 1 Se se P00CN00
0.494509 han haber VAIP3P0 0.999845 evaluado evaluar VMP00SM 1 las el
DA0FP0 0.988184 caries caries NCFN000 0.698105 en en
SDfilesmergedinorder-TEI_pos-fl.txt

70 vos incisivo AQ0MP00 0.661294 , , Fc 1 otros otro DI0MP0 0.745978 autores
autor NCMP000 1 han haber VAIP3P0 0.999845 explorado explorar VMP00SM

1 también también RG 1 la el DA0FS0 0.98926 caries caries

SDfilesmergedinorder-TEI_pos-fl.txt

71 ente NCMP000 0.992424 afectos afecto AQ0MP00 0.368282 de de SP

0.999961 MIH mih NP00000 1 han haber VAIP3P0 0.999845 tenido tener

VMP00SM 1 historia historia NCFS000 1 de de SP 0.999961 caries caries NCFN000

0.698105 , , SDfilesmergedinorder-TEI_pos-fl.txt

72 0.98926 caries caries NCFN000 0.698105 , , Fc 1 así así RG 0.999409 se se

P00CN00 0.494509 ha haber VAIP3S0 0.999889 observado observar

VMP00SM 1 en en SP 1 el el DA0MS0 1 presente presente

SDfilesmergedinorder-TEI_pos-fl.txt

73 afectación NCFS000 1 MIH mih NP00000 1 leve leve AQ0CS00 0.959459 no

no RN 0.999297 ha haber VAIP3S0 0.999889 mostrado mostrar VMP00SM 1

asociación asociación NCFS000 1 con con SP 1 la el DA0 SDfilesmergedinorder-

TEI_pos-fl.txt

74 28 que que PROCN00 0.550139 tradicionalmente tradicionalmente RG 1 se se

P00CN00 0.494509 han haber VAIP3P0 0.999845 empleado emplear VMP00SM

0.865854 para para SP 0.999834 la el DA0FS0 0.98926 detección detección

SDfilesmergedinorder-TEI_pos-fl.txt

75 AQ0MS00 0.990132 de de SP 1 el el DA0MS0 1 tiempo tiempo NCMS000 1

ha haber VAIP3S0 0.999889 conllevado conllevar VMP00SM 1 la el DA0FS0

0.98926 necesidad necesidad NCFS000 1 de de SDfilesmergedinorder-TEI_pos-

fl.txt

76 , , Fc 1 los el DA0MP0 0.992728 estudios estudio NCMP000 1 publicados

publicar VMP00PM 1 han haber VAIP3P0 0.999845 mostrado mostrar VMP00SM

1 una uno DI0FS0 0.951973 gran gran AQ0CS00 1 diversidad

SDfilesmergedinorder-TEI_pos-fl.txt

77 3P0 1 una uno DI0FS0 0.951973 vez vez NCFS000 1 se se P00CN00 0.494509

ha haber VAIP3S0 0.999889 producido producir VMP00SM 1 el el DA0MS0 1

cierre cierre NCMS000 0.875 de de SDfilesmergedinorder-TEI_pos-fl.txt

78 retracción NCFS000 1 incisiva incisivo AQ0FS00 1 . . Fp 1 </p> <p> Solo solo NP00000 1 hemos haber VAIP1P0 0.997509 encontrado encontrar VMP00SM 1 uno uno PI0MS00 0.981709 de de SP 0.999961 los el SDfilesmergedinorder-TEI_pos-fl.txt

79 1 </p> <p> En en NP00000 1 nuestra nuestro DP1FSP 0.867454 revisión revisión NCFS000 1 hemos haber VAIP1P0 0.997509 encontrado encontrar VMP00SM 1 limitaciones limitación NCFP000 1 que que PROCN00 0.550139 deberían deber SDfilesmergedinorder-TEI_pos-fl.txt

80 VMP00PM 1 en en SP 1 esta este DD0FS0 0.978817 revisión revisión NCFS000 1 han haber VAIP3P0 0.999845 empleado emplear VMP00SM 0.865854 la el DA0FS0 0.98926 norma norma NCFS000 1 ISO iso SDfilesmergedinorder-TEI_pos-fl.txt

81 o NCMP000 1 , , Fc 1 otras otro DI0FP0 0.865408 alternativas alternativa NCFP000 0.771739 han haber VAIP3P0 0.999845 adquirido adquirir VMP00SM 1 mayor mayor AQ0CS00 0.9995 importancia importancia NCFS000 1 , , Fc 1 como SDfilesmergedinorder-TEI_pos-fl.txt

82 AQ0FS00 1 , , Fc 1 nuestros nuestro DP1MPP 0.920918 resultados resultado NCMP000 0.998596 han haber VAIP3P0 0.999845 variado variar VMP00SM 1 en en SP 1 función función NCFS000 1 de de SP 0.999961 SDfilesmergedinorder-TEI_pos-fl.txt

83 posición NCFS000 1 . . Fp 1 </p> <p> Además además NP00000 1 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889 podido poder VMP00SM 1 observar observar VMN0000 1 una uno DI0FS0 0.951973 falta falta SDfilesmergedinorder-TEI_pos-fl.txt

84 NP00000 1 , , Fc 1 I._Sat i._sat NP00000 1)) Fpt 1 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889 podido poder VMP00SM 1 observar observar VMN0000 1 una uno DI0FS0 0.951973 mejora mejora SDfilesmergedinorder-TEI_pos-fl.txt

85 uestro nuestro DP1MSP 0.957064 metanálisis metanálisis NCMN000 1 que que PROCN00 0.550139 han haber VAIP3P0 0.999845 valorado valorar VMP00SM 1

la el DA0FS0 0.98926 VAS vas NP00000 1 a a SDfilesmergedinorder-TEI_pos-fl.txt

86 1,32 12,13,20,31,32 Z 1 y y CC 0.999989 todos todo PI0MP00 0.293032 ellos ellos PP3MP00 1 han haber VAIP3P0 0.999845 confirmado confirmar VMP00SM 1 dicha decir VMP00SF 0.819767 relación relación NCFS000 1 . . Fp 1 Los SDfilesmergedinorder-TEI_pos-fl.txt

87 769 . . Fp 1 Todos todo DI0MP0 0.70665 los el DA0MP0 0.992728 estudios estudio NCMP000 1 han haber VAIP3P0 0.999845 analizado analizar VMP00SM 1 la el DA0FS0 0.98926 presencia presencia NCFS000 0.99679 de de SDfilesmergedinorder-TEI_pos-fl.txt

88 NCFS000 0.987798 en en SP 1 que que PR0CN00 0.550139 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889 medido medir VMP00SM 1 la el DA0FS0 0.98926 exposición exposición NCFS000 1 . . Fp 1 La SDfilesmergedinorder-TEI_pos-fl.txt

89 NCMP000 1 de de SP 0.999961 los el DA0MP0 0.992728 incluidos incluir VMP00PM 1 han haber VAIP3P0 0.999845 empleado emplear VMP00SM 0.865854 los el DA0MP0 0.992728 niveles nivel NCMP000 0.987805 de de SDfilesmergedinorder-TEI_pos-fl.txt

90 DA0MS0 1 analizar analizar VMN0000 1 los el DA0MP0 0.992728 datos dato NCMP000 1 hemos haber VAIP1P0 0.997509 intentado intentar VMP00SM 1 controlar controlar VMN0000 1 la el DA0FS0 0.98926 heterogeneidad heterogeneidad SDfilesmergedinorder-TEI_pos-fl.txt

91 1 dentición dentición NCFS000 1 temporal temporal AQ0CS00 0.819767 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889 mostrado mostrar VMP00SM 1 heterogéneo heterogéneo AQ0MS00 1 . . Fp 1 El el DA0MS0 1 SDfilesmergedinorder-TEI_pos-fl.txt

92 6 estética estética NCFS000 0.822581 dental dental AQ0CS00 0.661294 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889 valorado valorar VMP00SM 1 en en SP 1 el el DA0MS0 1 presente presente SDfilesmergedinorder-TEI_pos-fl.txt

93 estudio NCMS000 0.97043 . . Fp 1 Varios varios DI0MP0 0.9139 estudios estudio NCMP000 1 han haber VAIP3P0 0.999845 valorado valorar VMP00SM 1 la el DA0FS0 0.98926 relación relación NCFS000 1 de de SDfilesmergedinorder-TEI_pos-fl.txt

94 MS0 1 impacto impacto NCMS000 0.992958 psicosocial psicosocial AQ0CS00 1 no no RN 0.999297 ha haber VAIP3S0 0.999889 mostrado mostrar VMP00SM 1 diferencias diferencia NCFP000 0.996454 significativas significativo AQ0FP00 1 . . Fp 1 </p> SDfilesmergedinorder-TEI_pos-fl.txt

95 demás PI0CP00 0.719907 . . Fp 1 </p> <p> Varios varios NP00000 1 autores autor NCMP000 1 han haber VAIP3P0 0.999845 estudiado estudiar VMP00SM 1 la el DA0FS0 0.98926 relación relación NCFS000 1 de de SDfilesmergedinorder-TEI_pos-fl.txt

96 SP 1 otros otro DI0MP0 0.745978 estudios estudio NCMP000 1 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889 observado observar VMP00SM 1 que que CS 0.449861 la el DA0FS0 0.98926 autoestima autoestima SDfilesmergedinorder-TEI_pos-fl.txt

97 muestra NCFS000 0.399558 , , Fc 1 ya_que ya_que CS 1 nos nos PP1CP00 0.810258 hemos haber VAIP1P0 0.997509 limitado limitar VMP00SM 1 a a SP 0.998775 población población NCFS000 1 universitaria universitario AQO SDfilesmergedinorder-TEI_pos-fl.txt

98 obtener VMP00PM 1 . . Fp 1 </p> <p> Varios varios NP00000 1 estudios estudio NCMP000 1 han haber VAIP3P0 0.999845 demostrado demostrar VMP00SM 1 que que CS 0.449861 los el DA0MP0 0.992728 adhesivos adhesivo SDfilesmergedinorder-TEI_pos-fl.txt

99 NCFP000 1 21 21 Z 1 . . Fp 1 </p> <p> Aunque aunque NP00000 1 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889 probado probar VMP00SM 1 el el DA0MS0 1 efecto efecto NCMS000 1 de de SDfilesmergedinorder-TEI_pos-fl.txt

100 esta este DD0FS0 0.978817 heterogeneidad heterogeneidad NCFS000 1 se se P00CN00 0.494509 han haber VAIP3P0 0.999845 analizado analizar VMP00SM

1 los el DA0MP0 0.992728 estudios estudio NCMP000 1 según según

SDfilesmergedinorder-TEI_pos-fl.txt

101 DA0MS0 1 sesgo sesgo NCMS000 0.736395 de de SP 0.999961 publicación
publicación NCFS000 1 ha haber VAIP3S0 0.999889 podido poder VMP00SM 1 ser
ser VSN0000 0.959637 controlado controlar VMP00SM 1 . . Fp 1 </p> <

SDfilesmergedinorder-TEI_pos-fl.txt

102 NP00000 1 numerosos numero A00MP00 1 estudios estudio NCMP000 1 se
se P00CN00 0.494509 ha haber VAIP3S0 0.999889 señalado señalar VMP00SM 1
que que CS 0.449861 tanto tanto RG 0.806143 el el DA0 SDfilesmergedinorder-
TEI_pos-fl.txt

103 <p> Con con NP00000 1 nuestro nuestro DP1MSP 0.957064 trabajo trabajo
NCMS000 0.975768 hemos haber VAIP1P0 0.997509 constatado constatar
VMP00SM 1 que que CS 0.449861 , , Fc 1 de de SP 0.999961 entre entre

SDfilesmergedinorder-TEI_pos-fl.txt

104 oxiguanosina NCFS000 0.500187 ((Fpa 1 8-OHdG 8-OHdG Z 1)) Fpt 1 se se
P00CN00 0.494509 ha haber VAIP3S0 0.999889 relacionado relacionar
VMP00SM 1 fuertemente fuertemente RG 1 con con SP 1 la el DA0

SDfilesmergedinorder-TEI_pos-fl.txt

105 1 , , Fc 1 posiblemente posiblemente RG 1 debido_a debido_a SP 1 que que CS
0.449861 ha haber VAIP3S0 0.999889 habido haber VMP00SM 1 sesgos sesgo
NCMP000 0.638706 a a SP 0.998775 la el DA0 SDfilesmergedinorder-TEI_pos-
fl.txt

106 0 1 nuestro nuestro DP1MSP 0.957064 estudio estudio NCMS000 0.97043 se se
P00CN00 0.494509 ha haber VAIP3S0 0.999889 realizado realizar VMP00SM 1
una uno DI0FS0 0.951973 síntesis síntesis NCFN000 1 cuantitativa cuantitativo

SDfilesmergedinorder-TEI_pos-fl.txt

107 1 . . Fp 1 Sin sin SP 1 embargo embargo NCMS000 0.995283 , , Fc 1 se se
P00CN00 0.494509 ha haber VAIP3S0 0.999889 observado observar
VMP00SM 1 una uno DI0FS0 0.951973 alta alto AQ0FS00 0.996988 heterogeneidad

SDfilesmergedinorder-TEI_pos-fl.txt

108 NCMP000 1 en en SP 1 los el DA0MP0 0.992728 que que PROCN00 0.550139
han haber VAIP3P0 0.999845 recibido recibir VMP00SM 1 puntuación puntuación
NCFS000 1 o o CC 0.999864 no no RN 0.999297 . . SDfilesmergedinorder-
TEI_pos-fl.txt

109 cale NP00000 1 . . Fp 1 </p> <p> Nuestro nuestro NP00000 1 estudio estudio
NCMS000 0.97043 ha haber VAIP3S0 0.999889 estimado estimar VMP00SM 1 que
que CS 0.449861 la el DA0FS0 0.98926 concentración concentración
SDfilesmergedinorder-TEI_pos-fl.txt

SD se VAIP + VMP)

1 ducir VMG0000 1 una uno DI0FS0 0.951973 sobreestimación sobreestimación
NCFS000 1 . . Fp 1 </p> <p> Se se NP00000 1 han haber VAIP3P0 0.999845
intentado intentar VMP00SM 1 controlar controlar VMN0000 1 otros
SDfilesmergedinorder-TEI_pos-fl.txt

2 en NP00000 1 el el DA0MS0 1 presente presente AQ0CS00 0.524254 estudio
estudio NCMS000 0.97043 se se P00CN00 0.494509 ha haber VAIP3S0
0.999889 investigado investigar VMP00SM 1 la el DA0FS0 0.98926
SDfilesmergedinorder-TEI_pos-fl.txt

3 DD0FS0 0.978817 variable variable NCFS000 0.338706 , , Fc 1 aunque aunque
CC 1 no no RN 0.999297 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889
incluido incluir VMP00SM 1 de de SP 0.999961 manera SDfilesmergedinorder-
TEI_pos-fl.txt

4 1 En en SP 1 los el DA0MP0 0.992728 Países_Bajos países_bajos NP00000 1
, , Fc 1 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889 observado observar
VMP00SM 1 una uno DI0FS0 0.951973 SDfilesmergedinorder-TEI_pos-fl.txt

5 1)) Fpt 1 . . Fp 1 En en SP 1 nuestro nuestro DP1MSP 0.957064 estudio
estudio NCMS000 0.97043 se se P00CN00 0.494509 ha haber VAIP3S0
0.999889 observado observar VMP00SM 1 una uno DI0FS0 0.951973
SDfilesmergedinorder-TEI_pos-fl.txt

6 inferior inferior AQ0CS00 0.992958 derecho derecho NCMS000 0.882166 . .
Fp 1 No no RN 0.999263 se se P00CN00 0.494509 han haber VAIP3P0 0.999845
encontrado encontrar VMP00SM 1 una uno DI0FS0 0.951973
SDfilesmergedinorder-TEI_pos-fl.txt

7 m NP00000 1 . . Fp 1 En en SP 1 nuestro nuestro DP1MSP 0.957064 estudio
estudio NCMS000 0.97043 se se P00CN00 0.494509 han haber VAIP3P0
0.999845 seguido seguir VMP00SM 1 los el DA0MP0 0.992728
SDfilesmergedinorder-TEI_pos-fl.txt

8 dio estudio NCMS000 0.97043 . . Fp 1 Las el DA0FP0 0.988184 exploraciones
exploración NCFP000 1 se se P00CN00 0.494509 han haber VAIP3P0 0.999845
realizado realizar VMP00SM 1 en en SP 1 un SDfilesmergedinorder-TEI_pos-
fl.txt

9 niño NCMP000 0.998721 de de SP 0.999961 la el DA0FS0 0.98926 cohorte
cohorte NCFS000 1 . . Fp 1 Se se P00CN00 0.494509 ha haber VAIP3S0
0.999889 obtenido obtener VMP00SM 1 una uno DI0FS0 0.951973
SDfilesmergedinorder-TEI_pos-fl.txt

10 S00 0.98913 . . Fp 1 En en SP 1 nuestro nuestro DP1MSP 0.957064 estudio
estudio NCMS000 0.97043 se se P00CN00 0.494509 ha haber VAIP3S0
0.999889 observado observar VMP00SM 1 una uno DI0FS0 0.951973
SDfilesmergedinorder-TEI_pos-fl.txt

11 11 oclusales oclusal AQ0CP00 1 estudiados estudiar VMP00PM 1 , , Fc 1
únicamente únicamente RG 1 se se P00CN00 0.494509 han haber VAIP3P0
0.999845 encontrado encontrar VMP00SM 1 variables variable NCFP000 0.365965
predictivas SDfilesmergedinorder-TEI_pos-fl.txt

12 OMS0 1 tiempo tiempo NCMS000 1 sin sin SP 1 retención retención NCFS000
1 no no RN 0.999297 se se P00CN00 0.494509 han haber VAIP3P0 0.999845
mostrado mostrar VMP00SM 1 significativas significativo AQ0FP00 1
SDfilesmergedinorder-TEI_pos-fl.txt

13 en SP 1 el el DA0MS0 1 presente presente AQ0CS00 0.524254 estudio estudio
NCMS000 0.97043 se se P00CN00 0.494509 han haber VAIP3P0 0.999845

obtenido obtener VMP00SM 1 unos uno DI0MP0 0.959952

SDfilesmergedinorder-TEI_pos-fl.txt

14 IP3S0 0.989241 a a SP 0.998775 la el DA0FS0 0.98926 sensibilidad
sensibilidad NCFS000 1 , , Fc 1 se se P00CN00 0.494509 han haber VAIP3P0
0.999845 obtenido obtener VMP00SM 1 resultados resultado NCMP000 0.998596
semejantes SDfilesmergedinorder-TEI_pos-fl.txt

15 8 resultados resultado NCMP000 0.998596 interexaminador interexaminador
NCMS000 1 . . Fp 1 </p> <p> Se se NP00000 1 ha haber VAIP3S0 0.999889
observado observar VMP00SM 1 que que CS 0.449861 el SDfilesmergedinorder-
TEI_pos-fl.txt

16 1 lactancia lactancia NCFS000 1 . . Fp 1 Si si CS 0.999827 bien bien RG
0.876088 sólo sólo RG 1 se se P00CN00 0.494509 han haber VAIP3P0 0.999845
podido poder VMP00SM 1 incluir incluir VMN0000 1 2 2 Z 1

SDfilesmergedinorder-TEI_pos-fl.txt

17 DA0FP0 0.988184 24_horas TM_h:24 Zu 1 . . Fp 1 </p> <p> Históricamente
históricamente NP00000 1 se se P00CN00 0.494509 ha haber VAIP3S0
0.999889 recomendado recomendar VMP00SM 0.97619 que que CS 0.449861 la

SDfilesmergedinorder-TEI_pos-fl.txt

18 FS00 1 gingival gingival AQ0CS00 1 ((Fpa 1 13 13 Z 1)) Fpt 1 . . Fp 1
Como como CS 0.967153 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889
demostrado demostrar VMP00SM 1 , , Fc 1 estos este DD0

SDfilesmergedinorder-TEI_pos-fl.txt

19 tiempo NCMS000 1 por por SP 1 lo el DA00S0 0.665165 que que PROCN00
0.550139 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889 señalado señalar
VMP00SM 1 como como CS 0.967153 posibles SDfilesmergedinorder-TEI_pos-
fl.txt

20 unir VMP00SM 1 a a SP 1 el el DA0MS0 1 sódio sódio NCMS000 0.569383
se se P00CN00 0.494509 ha haber VAIP3S0 0.999889 empleado emplear
VMP00SM 0.865854 como como CS 0.967153 fármaco SDfilesmergedinorder-
TEI_pos-fl.txt

21 incluir VMG0000 1 los el DA0MP0 0.992728 glioblastomas glioblastomas
NCMP000 0.666627 . . Fp 1 Se se P00CN00 0.494509 ha haber VAIP3S0
0.999889 demostrado demostrar VMP00SM 1 que que CS 0.449861 un
SDfilesmergedinorder-TEI_pos-fl.txt

22 1 El el DA0MS0 1 aumento aumento NCMS000 0.998188 de de SP 0.999961
tirosina tirosina NCFS000 1 se se P00CN00 0.494509 ha haber VAIP3S0
0.999889 relacionado relacionar VMP00SM 1 con con SP 1 enfermedades
SDfilesmergedinorder-TEI_pos-fl.txt

23 NCFP000 1 ((Fpa 1 20 20 Z 1)) Fpt 1 . . Fp 1 La el DA0FS0 0.98926 alanina
alanina NCFS000 1 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889
sugerido sugerir VMP00SM 1 como como CS 0.967153 posible
SDfilesmergedinorder-TEI_pos-fl.txt

24 P0 0.988184 lesiones lesión NCFP000 0.994792 periodontales periodontal
AQ0CP00 1 y y CC 0.999989 se se P00CN00 0.494509 ha haber VAIP3S0
0.999889 relacionado relacionar VMP00SM 1 significativamente significativamente
RG 1 con SDfilesmergedinorder-TEI_pos-fl.txt

25 el DA0FS0 0.98926 EP ep NP00000 1 ((Fpa 1 24 24 Z 1)) Fpt 1 . . Fp 1
También también RG 1 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889
propuesto proponer VMP00SM 1 para para SP 0.999834 el
SDfilesmergedinorder-TEI_pos-fl.txt

26 84 proteínas proteína NCFP000 1 ricas rico AQ0FP00 0.564874 en en SP 1
leucina leucina NCFS000 1 se se P00CN00 0.494509 han haber VAIP3P0
0.999845 relacionado relacionar VMP00SM 1 con con SP 1 la
SDfilesmergedinorder-TEI_pos-fl.txt

27 OCP00 1 ((Fpa 1 25 25 Z 1)) Fpt 1 . . Fp 1 Por_otro_lado por_otro_lado RG
1 , , Fc 1 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889 observado observar
VMP00SM 1 un uno DI0MS0 0.99698 SDfilesmergedinorder-TEI_pos-fl.txt

28 alguno DI0MP0 0.60333 gliomas glioma NCMP000 1 malignos maligno
AQ0MP00 0.486294 y y CC 0.999989 se se P00CN00 0.494509 ha haber VAIP3S0

0.999889 relacionado relacionar VMP00SM 1 principalmente principalmente RG 1 con
SDfilesmergedinorder-TEI_pos-fl.txt

29 omas glioblastomas NCMP000 0.666627 ((Fpa 1 26 26 Z 1)) Fpt 1 . . Fp 1
También también RG 1 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889
demostrado demostrar VMP00SM 1 que que CS 0.449861 actuar
SDfilesmergedinorder-TEI_pos-fl.txt

30 SP 0.999961 la el DA0FS0 0.98926 hipomineralización hipo_mineralización
NCMS000 1 . . Fp 1 </p> <p> Se se NP00000 1 ha haber VAIP3S0 0.999889
dicho decir VMP00SM 0.997159 que que CS 0.449861 uno
SDfilesmergedinorder-TEI_pos-fl.txt

31 n NCFP000 1 . . Fp 1 En en SP 1 nuestro nuestro DP1MSP 0.957064 estudio
estudio NCMS000 0.97043 se se P00CN00 0.494509 han haber VAIP3P0
0.999845 seguido seguir VMP00SM 1 los el DA0MP0 0.992728
SDfilesmergedinorder-TEI_pos-fl.txt

32 VMP00SM 0.97619 a a SP 0.998775 la el DA0FS0 0.98926 MIH mih
NP00000 1 . . Fp 1 Se se P00CN00 0.494509 han haber VAIP3P0 0.999845
evaluado evaluar VMP00SM 1 las el DA0FP0 0.988184 SDfilesmergedinorder-
TEI_pos-fl.txt

33 de SP 0.999961 la el DA0FS0 0.98926 caries caries NCFN000 0.698105 , , Fc
1 así así RG 0.999409 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889
observado observar VMP00SM 1 en en SP 1 el SDfilesmergedinorder-TEI_pos-
fl.txt

34 AQ0MP00 1 los el DA0MP0 0.992728 que que PROCN00 0.550139
tradicionalmente tradicionalmente RG 1 se se P00CN00 0.494509 han haber VAIP3P0
0.999845 empleado emplear VMP00SM 0.865854 para para SP 0.999834 la
SDfilesmergedinorder-TEI_pos-fl.txt

35 PP3FSA0 0.010734 realizan realizar VMIP3P0 1 una uno DIOFS0 0.951973
vez vez NCFS000 1 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889
producido producir VMP00SM 1 el el DA0MS0 1 SDfilesmergedinorder-TEI_pos-
fl.txt

36 cha decir VMP00SF 0.819767 posición posición NCFS000 1 . . Fp 1 </p> <p>

Además además NP00000 1 se se P00CN00 0.494509 ha haber VAIP3S0

0.999889 podido poder VMP00SM 1 observar observar VMN0000 1 una

SDfilesmergedinorder-TEI_pos-fl.txt

37 ahi NP00000 1 , , Fc 1 RDI rdi NP00000 1 , , Fc 1 I._Sat i._sat NP00000 1))

Fpt 1 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889 podido poder

VMP00SM 1 observar observar VMN0000 1 una SDfilesmergedinorder-TEI_pos-

fl.txt

38 el DA0FS0 0.98926 forma forma NCFS000 0.987798 en en SP 1 que que

PROCN00 0.550139 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889

medido medir VMP00SM 1 la el DA0FS0 0.98926 SDfilesmergedinorder-

TEI_pos-fl.txt

39 ies NCFN000 0.698105 en en SP 1 dentición dentición NCFS000 1 temporal

temporal AQ0CS00 0.819767 se se P00CN00 0.494509 ha haber VAIP3S0

0.999889 mostrado mostrar VMP00SM 1 heterogéneo heterogéneo AQ0MS00 1 . .

SDfilesmergedinorder-TEI_pos-fl.txt

40 0.999961 la el DA0FS0 0.98926 estética estética NCFS000 0.822581 dental

dental AQ0CS00 0.661294 se se P00CN00 0.494509 ha haber VAIP3S0

0.999889 valorado valorar VMP00SM 1 en en SP 1 el SDfilesmergedinorder-

TEI_pos-fl.txt

41 mientras_que CS 1 en en SP 1 otros otro DI0MP0 0.745978 estudios estudio

NCMP000 1 se se P00CN00 0.494509 ha haber VAIP3S0 0.999889 observado

observar VMP00SM 1 que que CS 0.449861 la SDfilesmergedinorder-TEI_pos-

fl.txt

42 0 0.988184 gelatinasas gelatina_as NCFP000 1 21 21 Z 1 . . Fp 1 </p> <p>

Aunque aunque NP00000 1 se se P00CN00 0.494509 ha haber VAIP3S0

0.999889 probado probar VMP00SM 1 el el DA0MS0 1 SDfilesmergedinorder-

TEI_pos-fl.txt

43 controlar controlar VMN0000 1 esta este DD0FS0 0.978817 heterogeneidad

heterogeneidad NCFS000 1 se se P00CN00 0.494509 han haber VAIP3P0

0.999845 analizado analizar VMP00SM 1 los el DA0MP0 0.992728

SDfilesmergedinorder-TEI_pos-fl.txt

44 1 . . Fp 1 </p> <p> En en NP00000 1 numerosos numeroso AQ0MP00 1

estudios estudio NCMP000 1 se se P00CN00 0.494509 ha haber VAIP3S0

0.999889 señalado señalar VMP00SM 1 que que CS 0.449861 tanto

SDfilesmergedinorder-TEI_pos-fl.txt

45 - - Fg 1 desoxiguanosina desoxiguanosina NCFS000 0.500187 ((Fpa 1 8-

OHdG 8-OHdG Z 1)) Fpt 1 se se P00CN00 0.494509 ha haber VAIP3S0

0.999889 relacionado relacionar VMP00SM 1 fuertemente fuertemente RG 1 con

SDfilesmergedinorder-TEI_pos-fl.txt

46 . Fp 1 </p> <p> En en NP00000 1 nuestro nuestro DP1MSP 0.957064 estudio

estudio NCMS000 0.97043 se se P00CN00 0.494509 ha haber VAIP3S0

0.999889 realizado realizar VMP00SM 1 una uno DI0FS0 0.951973

SDfilesmergedinorder-TEI_pos-fl.txt

47 riodontal periodontal AQ0CS00 1 . . Fp 1 Sin sin SP 1 embargo embargo

NCMS000 0.995283 , , Fc 1 se se P00CN00 0.494509 ha haber VAIP3S0

0.999889 observado observar VMP00SM 1 una uno DI0FS0 0.951973

SDfilesmergedinorder-TEI_pos-fl.txt

SD Pluperfect VAII + VMP (including se VAII + VMP)

1 992958 tratados tratar VMP00PM 0.303922 con con SP 1 Frankel frankel

NP00000 1 , , Fc 1 había haber VAII3S0 0.499853 aumentado aumentar

VMP00SM 1 significativamente significativamente RG 1 el el DA0MS0 1 número

número SDfilesmergedinorder-TEI_pos-fl.txt

2 DD0MP0 0.972009 casos caso NCMP000 1 no no RN 0.999297 se se

P00CN00 0.494509 había haber VAII3S0 0.499853 llegado llegar VMP00SM 1

siquiera siquiera RG 0.983871 a a SP 0.998775 administrar administrar VMN0000 1

SDfilesmergedinorder-TEI_pos-fl.txt

3 clínico AQ0MS00 0.661294 , , Fc 1 lo el DA00S0 0.665165 que que PROCN00 0.550139 había haber VAI3S0 0.499853 conllevado conllevar VMP00SM 1 a a SP 0.998775 estos este DD0MP0 0.972009 resultados resultado

SDfilesmergedinorder-TEI_pos-fl.txt

4 OCS00 1 que que PROCN00 0.550139 previamente previamente RG 1 se se P00CN00 0.494509 había haber VAI3S0 0.499853 acondicionado acondicionar VMP00SM 1 la el DA0FS0 0.98926 dentina dentina NCFS000 1 con con

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Appendix 5. Error analysis excerpts

Only the features studied have been marked or corrected. All other errors have been left as found in the original texts. The paragraphs are extracts and should not be read as continuous texts.

<ED01> A commonly accepted surgical principle is that immunocompromised patients have an increased risk of postoperative complications [...]. <L>However</L>[...] all published studies reveal that implant placement in immunologically stable HIV-positive patients does not increase the risk of developing postoperative complications [...]

Although [...] found significantly higher rates of postoperative complications following tooth extractions when pronounced immunosuppression [...] and severe neutropenia [...] were recorded, most authors <GVT CF=have found> found</GVT> no differences between HIV infection and the occurrence of postoperative problems when other minor oral surgery procedures <GVT CF=are performed>were performed</GVT>.

In the present case series, no early postoperative complications were reported. <L>However</L>, the degree of immunosuppression seems to be an important variable. In order to limit the effect of these biases, a single researcher made the final assessment of all cases, which <GVNF CF=made it possible to gather>allowed to gathered</GVNF> objective data of the main outcome variables[...]. <L CF=0>On the other hand</L>, the reduced number of patients included in our study can also be considered a limitation. <L>However</L>, taking into account the lack of large sample studies [...].

[...] several authors claim that conventional protocols should be maintained in cases where immunological stability is present⁶⁻¹². <L>Hence</L>, most authors administer systemic antibiotics [...]

This might be associated with the features of our sample, since there was a high rate of smoking patients that also had a previous history of periodontitis [...]. <L>Furthermore</L>, several patients failed to attend regular periodontal maintenance visits. <L>Indeed</L>, <GVV CF=analysis ... shows that>if a careful analysis of this variable is performed (Table II),</GVV> the 4 uncompliant patients were diagnosed with peri-implantitis [...] or with mucositis [...], whereas, the remaining 5 patients [...] had considerably less peri-implant diseases [...]. <L>Moreover</L>, significantly better

results in all peri-implant parameters were reported in compliant patients [...]. <L>Obviously</L>, HIV infection might also play an important role in these complications. <L CF=Indeed>In fact</L>, several periodontal lesions including linear gingival erythema and necrotizing periodontal diseases [...] have been described in HIV positive patients.

<ED02> These results are important due to relevant publications and consensus reports that recommend the use periapical radiographs [...]. <L>In particular</L>, the VIII Workshop of Periodontology (Sanz & Chapple 2012), states that in absence of previous radiographic records, peri-implantitis should be considered when a vertical distance of 2 mm from the expected marginal bone level following remodeling with the presence of bleeding and/or suppuration are present.

This is especially relevant in implants with bone loss < 4mm, whose have better prognosis when surgical treatment is made (Serino & Turri 2008). <L>Therefore</L>, a correct probing of all implant surfaces should be made, if possible, after removing the prosthesis. In the present investigation, intraoperatively peri-implant bone levels (SurgBLtotal) were similar at mesial, distal, buccal and oral areas ($p > 0.05$). <L CF=0>In other words</L>, mean total vertical bone loss around implants measured during surgery ranged from 4.9 – 5.4 mm. <L>On the other hand</L>, significant differences were found for anatomy configuration of the defect ($p < 0.05$). Larger supracrestal defects were found in the buccal and oral surfaces compared with interproximal areas. <L>Conversely</L>, larger intrabony defects were found in the interproximal areas compared with buccal and oral surfaces. The current findings demonstrated an uniform circumferential bone resorption pattern around dental implants. <L>Consequently</L>, defect configuration would be more related to bone anatomy and implant position (proximity to cortical plates) rather than related with different resorption patterns.

Even though periapical x-ray did not show enough accuracy to precisely determine the peri-implant defect characteristics, it <GVNF CF= allowed <NP> to be identified><GVT CF=allowed/did allow>allows</GVT>identifying the supracrestal and intrabony components</GVNF>. <L CF=Indeed>In fact</L>, 87% of the supracrestal defects were detected with periapical radiographs. In the 75% of implants, the presence of an intrabony defect was also detected. <L>However</L>, periapical radiography fails to determine exactly what type of intrabony defect is present ($Kappa = 0.1$). This can be explained

because the supracrestal component is totally radiolucent due to the loss of all cortical plates, which makes the defect identification easier. <L CF=but/However>On the other hand</L>, intrabony defects and dehiscences present only a partial resorption and cortical plates can be maintained, making the radiological image more difficult to interpret.

These findings are in agreement with our results, and demonstrate that periapical radiographs are a suitable test <GVNF CF=for diagnosing>to diagnose</GVNF> advanced cases, but not <GVNF CF=for detecting>to detect</GVNF> initial bone loss and intrabony defects.

In accordance with our results, clinicians may not be able to correctly identify the defect anatomy with preoperative periapical radiographs. <L>Thus</L>, patients should be properly informed about the different surgical options.

Corpas Ldos et al. (2011) observed in animals that CBCT underestimates bone defect depth about 1.17 mm when compared with histologic analysis. <L>Besides</L>, Fienitz et al. (2012) obtained a difference of 0.5 mm with the same type of comparison. These outcomes are similar to our results with periapical radiographs. The presence of artifacts in CBCT near dental implants can complicate linear measurements and mask the anatomy of defects (Benic et al. 2013). <L>Also</L>, CBCT implies more radiation to patients, and is more expensive than periapical radiographs.

From a clinical perspective, one-millimeter precision was considered to be acceptable. <L>On the other hand</L>, investigator experience could have a substantial influence on radiographic bone level measurement and defect configuration prediction. <L>Therefore</L>, future research should focus on the analysis of this issue.

<ED03> This study, [...]aimed to determine the indications of vertical ridge augmentation procedures, and secondly, to assess which is most effective augmentation technique <GVNF CF= for treating>to treat</GVNF> atrophic posterior areas of the mandible.

The meta-analysis of these papers showed that the short implant groups were associated with significantly less postoperative complications without compromising implant and prosthetic survival. <L>However</L>, these results should be analysed with caution since all 4 trials had a potential risk of bias. <L>Moreover</L>, all studies were conducted by the same research group using a similar augmentation protocol and with a limited sample size and follow-up. <L>Indeed</L>, all the selected articles were

performed in Italy, so that external validity seems to be threatened as well. <L>Furthermore</L>, due to the small number of papers that were available for review, no evaluation of publication bias could be made⁴⁶. <L>Likewise</L>, Peñarrocha-Oltra³⁰ described similar survival and success rates for implant treatment in sites with vertical bone defects involving onlay autogenous bloc grafts or short dental implants [...]. <L>On the other hand</L>, a recent meta-analysis of RCTs showed no differences between the groups regarding implant survival/ success and complications..

In accordance with our own findings, several reports have shown that implant length has no impact on peri-implant MBL in the short term. <L>However</L>, it seems reasonable to assume that peri-implant bone loss around short implants can be more critical than in standard implants as loss of osseointegration can occur in a short time span. <L>Therefore</L>, it is crucial to control the main risk factors for peri-implant diseases and to apply strict maintenance programs in order to increase the long-term survival rate of these implants.

The available information on inferior alveolar nerve transposition is scarce, which remarks the need to perform RCTs to assess if this approach offers advantages over other surgical techniques in the posterior area of the mandible. <L>Thus</L>, in our opinion, until data from well-designed RCTs becomes available for analysis, other options such as the use of short implants or augmentation techniques seem preferable.

Autogenous bone is often considered the 'gold standard' material for bone augmentation procedures⁵. <L>Nevertheless</L>, two trials compared autogenous grafts with bone substitutes^{12,28} and no differences were observed for any of the clinical outcomes registered. <L>Indeed</L>, Felice et al.²⁸ reported that 8 out of 10 patients preferred the augmentation procedures with a bone substitute probably due to less postoperative morbidity. <L>On the other hand</L>, from an histomorphometric point of view, one of the studies revealed more residual-grafted material in the group treated with bone substitutes at 4 months²⁸. <L>Moreover</L>, implants placed in bone augmented with substitutes showed trends to increased MBLI. <L>Similarly</L>, non-resorbable titanium-reinforced e-PTFE membranes are traditionally considered the benchmark for vertical GBR^{8,9,68,69}. <L>However,</L> an increased rate of soft-tissue complications after premature membrane exposure has been reported as a major disadvantage for the use these barriers⁷⁰. [...] <L>In addition</L>, another disadvantage of non-resorbable membranes is the need for re-entry surgery and membrane removal, which is associated

with patient morbidity. To overcome such drawbacks and to simplify surgical protocols, resorbable membranes have been proposed[...]. <L>Nevertheless</L>, when PTFE-e was employed, a higher bone gain was recorded and less peri-implant MBL was registered over time.

<ED04> The present in vitro study demonstrated improved stability of the bone graft at the collar of the implant when a soft-block bone substitute was added to a particulated xenograft. <L>Moreover</L>, an L-shaped soft-block bone substitute showed significant compression capability and adaptability to the bone defect without compromising horizontal regeneration stability.

The use of fixation pins or a block bone substitute showed enhanced graft stability compared to particulated xenograft alone. <L>However</L>, still a 20% reduction was found in the most coronal parts of the regeneration.

In both studies the solid blocks made of bovine xenograft performed better in comparison to the particulated xenograft regarding the horizontal stability of the augmented region[...]. <L>However</L>, both studies reported dislocations of the solid bovine-derived blocks. These observations are in agreement with the findings from previous publications (Schwarz et al 2010 & Bae et al 2014), which <GVT CF= have reported>reported</GVT> handling and adaptation difficulties with solid type blocks.

In order to overcome instability of the augmented region the use of an L-shaped soft-block bone substitute <GVT CF=was investigated>has been investigated</GVT> in the present study. <L CF=0>In fact</L>, change in HT0mm improved from a -20.5 % to a -2.4 % when the soft-block in L-shape was applied. Higher mean displacement for control group was observed [...]. While, <L CF=0>on the other hand</L>, test group showed only a reduction of 0.1 ± 0.4 mm and 0.0 ± 0.4 at HT0mm and HT1mm, respectively. Due to its flexibility and adaptability some authors have <GVNF CF=proposed its use/using it>proposed to use it</GVNF> for horizontal augmentation.

According to previous publications, bone substitute apical displacement is a common finding during and/or after wound closure in GBR procedures[...]. <L>Accordingly CF=0</L>, the application of an L-shaped soft-block of DBBM demonstrated an increased coronal stability at the level of the collar of the implant[...]. While horizontal thickness remained stable, all pressure was applied to the occlusal part of the soft-block. <L CF=As a result>In fact</L>, a vertical thickness reduction of -28 % and a 45°

thickness change of -24.8 % were observed. The combination of a granulate DBBM plus a collagen matrix showed high compression capability and adaptability to the defect anatomy, without compromising horizontal augmentation and free tension wound closure. <L>Additionally</L>, no void spaces were detected in any of the 20 samples (0/20; 0%), demonstrating the adaptability of the bone graft. <L CF=0>Moreover</L>, the role of fixation pins should be emphasized too. [...] fixation pins substantially enhanced graft stability. <L CF=Indeed>In fact</L>, frequent block dislocation or rotation was described (0-35%) when a hard-block bone substitute was used without pins. Given the in vitro nature of the current investigation no conclusions about bone regeneration can be drawn. <L>However</L>, a few comments regarding properties of the expected bone formation with the “L-shape technique” should be done. [...] xenograft bone blocks <GVT CF=are associated>were associated</GVT> with lower amounts of new bone formation[...] Large dehiscence defects (Schwarz et al. 2010; Benic et al. 2015) and low compression of the graft (increased space between particles) (Romanos et al. 2015) may be some of the reasons which could explain graft particles being embedded into a fibrous tissue, instead of forming new bone. <L>Consequently</L>, a combination of a granulate bone substitute plus an additional layer of a soft-block bone substitute <GVV CF=aims/is intended>is aimed</GVV> to achieve a stable coagulum with high potential for bone regeneration around the implant surface while keeping as much volume as possible to the buccal and occlusal areas. <L>In fact</L>, a connective tissue integration of the particles is expected to happen within the most external aspect of the GB.

<L>Finally</L>, no statistical significant differences were detected between “Granulate + pins” from the first part of the investigation (Mir-Mari et al. 2015) versus the repetition of the same treatment approach in the second part ($p > 0.05$). <L>Therefore</L>, the current investigation <GVT CF=has proved>proved</GVT> reliability and reproducibility of the pig mandible in vitro study model <GVNF CF=for analysing>to analyse</GVNF> immediate GBR stability. <L>Therefore</L> it can be considered that this in vitro model could be used to check for other characteristics of the GBR associated with material stability.

It is important to stress that the main objective of this study was to compare two different GBR approaches in the same way, as they would be applied in the real clinical scenario. <L>Therefore</L>, a technical modification to make more homogeneous comparisons

would not be adequate according to our targets. <L>In addition</L>, it is important to realize that only the differences within the individual test or control group <GVT CF=were used>have been used</GVT> in order to make comparisons in between test and control. <L CF=Moreover>On the other hand</L>, blinding at the time of suturing was not possible. <L>Finally</L>, it also has to be noticed that, these series of two papers are the first in the literature to have addressed the immediate stability of the bone regeneration. <L>Therefore</L>, there is a lack of information to be compared with, in terms of methodology, results and conclusions.

<ED05> The fact that the gellyfied latex could penetrate in such narrow arteries (all identified PSAA had less than 2 mm in diameter) is remarkable. <L>However</L>, a possible limitation of this vascular casting/labelling technique is that smaller vessels could remain undetected. CBCT is an adequate method <GVNF CF=for diagnosing>to diagnose</GVNF> maxillary sinus pathology⁷. <L>Nevertheless</L>, it could overlook small diameter blood vessels, since the PSAA can only be identified in 50% to 60% of cases, whereas in the present study this vessel was detected in all specimens. <L>Furthermore</L>, CBCT images do not detect extraosseous arteries and/or veins. <L>Thus</L>, in our opinion, cadaveric studies with vascular labelling techniques seem to be the method of choice <GVNF CF=for describing>to describe</GVNF> the blood vessels of the maxillary sinus area. <L>In fact</L>, this option might be especially useful in hands-on cadaver courses, since trainees can easily observe and understand the vascular anatomy during simulated surgical procedures.

<ED06> Although differences have been noted between transpalatal bar (with or without expansion) plus deciduous canine extraction, deciduous canine extraction only and the control group, these differences are questionable, as the sample size <GVT CF=was>is</GVT> too small to make reliable statistical tests.

Another strategy is removal of the first deciduous molar and the deciduous canine [...]. <L>However</L>, the relative low incidence of canine impaction, the absence of a reliable predictive model of canine eruption and the predictability of the orthodontic treatment of impacted canines question these preventive strategies.

Another treatment option in palatally impacted canines is to surgically expose the crown, [...] and expect spontaneous eruption (32). <L>However</L>, this method can fail if the

tooth has a poor direction of eruption and does not seem adequate if the impaction is deep or the impacted tooth impinges a neighboring tooth.

Other reports indicate that pain seems comparable with closed and open techniques, although operating time can be shorter with the open technique (34). <L>However</L>, with skilled surgeons the operating time seems similar with both techniques (33), and it is obvious that cementing the brackets for traction will take additional time.

A review has pointed out differences in the reoperation rate (higher in the open technique), although at the present time adhesive techniques are reliable enough to avoid debondings (46). <L>Indeed</L>, a common problem of the open technique is the difficulty <GVNF CF=in cementing>to cement</GVNF> the bracket in the first postoperative weeks, [...] This difficulty can be overcome by cementing during surgery, when moist control can be more predictably achieved. <L CF=Also>On the other hand</L>, some reports point out that open exposure could lead to shorter traction time (35).

Treatment failures in traction of impacted canines seem related to inaccurate three-dimensional diagnosis of tooth location or orientation and to poor anchorage (38), but it seems that the majority of cases can be successfully treated, although most of them need <GVNF CF=repetition of the surgical exposure/ the surgical exposure to be repeated>repeating the surgical exposure</GVNF>, due to problems with the traction wires or chains.

Treatment of ankylosed canines has included vertical forced distraction of the canines (40). <L>However</L>, the long-term prognosis of this technique is unclear.

The perception of difficulty of the case seems to increase with 3-D examination and 3-D image leads more often to an approach of expansion or orthodontic traction of the canine (39). <L>However</L>, taking into account that reliable predictive models of canine eruption are lacking, it is unclear whether 3-D diagnosis could induce unnecessary treatment of canines because of overestimation of the impaction risk.

The results of the present study compares with Schubert and Baumert's article [...]. <L>However</L>, in the present study the treatment of bilaterally impacted canines was not significantly longer than that of unilaterally impacted canines.

This is confirmed by the correlation between canine traction time and the proximity of its crown to the midline[...]. <L CF=Equally>On the other hand</L>, there is a correlation

between the distance of the canine to the occlusal plane and the angle of the canine and this occlusal plane.

For this purpose, the classification of Kuroil seemed to perform better. <L>However</L>, it must be taken into account that the proximity of the canine to the midline explained little less than 20 % of the variability in treatment time.

Other factors, such as compliance, complexity of the malocclusion or random error, could have more influence on treatment time. <L>Indeed</L>, random error and not any confounding variable could be the main source of variability.

<ED07> A possible limitation of this study is related to the fact that soft tissue resistance could not be assessed. <L CF=Also>On the other hand</L>, variable like the thickness of gingival tissues are extremely difficult to control and may be a source of bias.

The fact that the sutures <GVT CF=were placed>have been made</GVT> by two operators does not seem to reduce the internal validity of the study.

According to the results of this “in vitro” study, the combination of a simple with a horizontal mattress suture resists a significantly higher tension than both techniques separately. <L>Also</L>, 4-0 sutures have a higher TS than 5-0 sutures, except when e-PTFE is used.

When comparing different 4-0 materials, e-PTFE <GVT CF=proved>has proven</GVT> to be the one with a lower TS until suture breakage or untying of the knot. <L>However</L>, these events took place only in a 40% of the cases for untying and 2.5% for breakage after 5 mm of traction.

Postoperative swelling is a common complication after GBR procedures and can increase the tension supported by the suture. <L>Therefore</L>, knowing that 57.5% of e-PTFE sutures would resist a 5 mm traction or more, the elasticity of this material may be crucial <GVNF CF=for maintaining>to maintain</GVNF> a tension-free primary closure[...]. <L>Additionally</L>, as no differences have been found in TS values between 4-0 and 5-0, the latter might be preferable in order to minimize the trauma to the tissue and avoid its tear 11. <L>On the other hand</L>, both monofilament and Supramid® did not untie or slip and had higher TS when compared to e-PTFE. Monofilament polyamide seems to be more elastic than Supramid® since it resisted a higher traction but had a similar TS. <L>Consequently</L> a higher risk of exposure is expected when using monofilament

polyamide in comparison to Supramid®. <L>However</L>, further “in vivo” investigation is needed to make a final recommendation between both types of polyamide. ISilk not only performed poorly from a mechanical perspective but also seems to accumulate more bacterial plaque in comparison to polyamide 13, e-PTFE 14 and Monocryl Plus REF. <L>Therefore</L>, this material seems to have no advantages apart from the economical cost.

There are many studies addressing this issue, but most <GVT CF=have used>use</GVT> higher gauges, which are not used in oral surgery 15-18. Other authors <GVT CF=have evaluated>evaluate</GVT> the effect of the oral environment in the TS of resorbable sutures over time.

<ED08> Immediate loading has some advantages [...]. <L>However</L>, some complications like the fracture of the provisional prosthesis can affect the treatment results (17) (3)(7)(8)(18)(19). <L>Also</L>, other factors [...] may alter the therapeutic outcome(17).

Several authors have identified bruxism (2)(7), progressive change from a soft to a regular diet and the wear of the provisional immediate loading prosthesis as risk factors for this complication(7). <L>Indeed</L>, all fractures in our sample occurred in men with parafunctional habits

Digital tools for smile design could improve the final esthetic outcome since the diagnosis and communication with both patients and dental technicians becomes simpler (23). <L>Nevertheless</L>, with the present protocol, few esthetic complications were found and could be easily managed. <L>In fact</L>, the provisional prostheses provides extremely useful information to patients and dentists, since they <GVNF CF=make it possible ... when fabricating/constructing>allow to fabricate</GVNF> a final restoration <GVNF CF=to take>taking</GVNF> into consideration any potential flaws identified during the provisional phase.

The decision <GVNF CF=to treat>of treating</GVNF> one or two arches simultaneously depends on several factors.

The provisional prostheses are intended to be in function for no more than 6 months[...]. <L>Besides</L>, the compliance of the patient is a key factor, and dentists must stress patients to keep a soft diet and to use an occlusal appliance during this provisional phase.

<ED09> Immediate loading of dental implants can be considered a predictable technique (1, 5, 9-11). It reduces patient discomfort during the osseointegration period, precludes the need for a second surgery to uncover the implants (6, 8, 17), avoids the use of a removable prosthesis (5, 6, 10, 17, 18) and reduces the number of visits (18). <L>Thus,</L> this approach allows the patient to maintain function and esthetics throughout the treatment. <L>Furthermore</L>, it improves patient acceptance since treatment time and costs are significantly reduced (4, 7, 10, 12, 19).

In a similar study (22) that used fully acrylic (metal-free) restorations, a 7.4% fracture rate was found. <L>However,</L> this sample (22) was different than ours since single-tooth and partial-arch restorations were also taken into consideration.

These authors suggested that the rigidity of titanium plays an important role in the prosthesis success. In accordance to the present study, some others <GVM CF=did not find>did not found</GVM> correlation between prosthetic fractures and the type of opposing dentition (4, 19). <L>However</L>, it seems reasonable to expect fractures to occur mainly when the opposing dentition is rigid.

implant failures did not jeopardize the provisional prosthesis in the present study, since all the lost implants were replaced without the need to change the restoration. <L>On the other hand</L>, 2 out of 5 implants that developed postoperative infection had been immediately placed. All of them were placed in patients with history of periodontal disease. <L>Besides</L>, the 2 implants that developed a fistula were immediate implants and 1 of them occurred in a patient with history of periodontal disease.

<ED10> The vascular staining technique allows an easy identification of the vascular structures, even when these have less than one millimeter in diameter (Fig. 13). <L>Moreover</L>, this technique detects any anatomic variation in a very reliable way compared to other methods. <L>For these reasons</L>, we believe that this procedure is extremely useful <GVNF CF=for teaching>to teach</GVNF> medical/dental students and residents. <L CF=0>In fact</L>, this option might be especially useful in hands-on cadaver courses.

A possible limitation of this technique is related with age-dependent anatomical structures. <L CF=0>Indeed</L>, most specimens belong to elderly patients and this might limit the generalization of the results. For example, if the location of the vessels is described using as a reference point some bone structures [...], these measurements are

likely to be useless in younger patients [...]. <L>Also</L>, vessel diameter and number might <GVM CF=be affected>be affect<GVM> by age due to microvascular defects stenotic changes.

During dental implant placement, an injury to these vessels can lead to life-threatening complications such upper airway obstruction, caused by a profuse bleeding.^{19,20,21,22} <L>Also</L>, the posterior superior alveolar (PSAA) or infraorbital arteries that might be injured during maxillary sinus augmentation procedures, can be seen in CT scans.

To less experienced professionals, some important vascular structures may remain unnoticed. <L CF=In contrast>On the other hand</L>, labeling techniques <GVNF CF=allow ... to be detected>allow to detect</GVNF> most arteries and veins.

<ED11> Other factors like surgeons experience also play a crucial role. <L>Therefore</L>, clinicians are advised to have excellent technical and anatomical skills before performing surgical procedures (16). Knutsson et al (11) highlighted that general dental practitioners, who <GVT CF=comprised>are</GVT> the vast majority of our sample (74.8%), had limited access to scientific papers, while postgraduates were apparently more familiar with both international literature and the necessary analytical tools to interpret and analyse outcomes. [...] <L CF=In contrast>On the other hand</L>, Berrocal (15) analysed student's perception of the Oral Surgery curricula taught in Spanish public Universities, and concluded that most undergraduates found it to be adequate, except for the most complex surgical procedures.

The more conservative attitude might be due to a better knowledge of the practice guidelines that do not recommend prophylactic removal of 3M. <L>In addition</L>, practicing Oral Surgery in a daily basis seems to help maintain the surgical skills.

Although risk factors for cystic or tumour development are unknown, pericoronary radiolucencies wider than 2.5mm seem to have dysregulated cell death and increased anti-apoptotic bcl-2 protein activity (19), which increases the likelihood of pathological changes arising in the follicle. In this case, extraction could be considered. <L>On the other hand</L>, radiographies do not seem to be an appropriate tool for diagnosing pathological changes and biopsy is recommended (20).

Pericoronitis was indicated as a potential complication by 21% of the clinicians. <L>However</L>, many indications concerned fully impacted molars, which are not at risk of pericoronitis unless we assume that eruption can still occur. <L>In fact</L>,

few 3Ms remain static and their position changes over time, although this does not necessarily imply eruption.

There are still clinicians who support 3M extraction to prevent late anterior-inferior crowding. <L>However</L>, most of the studies published in the last few years <GVT CF=have failed>failed</GVT> to find any association between the eruption of 3M and crowding of the anterior teeth (23).

In the present study, 2M resorption <GVT CF=was selected>is addressed</GVT> by more than 11% of the clinicians as an indication to remove the 3Ms.

The percentage of 3M extracted due to caries on the distal side of 2M in young patients seems to be very low (2-5%). <L>However</L>, in older patients the proportion increases up to 30% (25).

Almost 2/3 of professionals cited that 3M in an horizontal position and classified as IIIA as high-risk cases. <L>Indeed</L>, the probability of developing a caries in the distal aspect of the 2M increases when the angulation between the 3M and the 2M is between 43° and 71° (26), or if the distance between the cement-enamel junction of both teeth is between 3 and 10 mm (27). Several authors have also stressed the importance of age in the development of this complication (26). <L CF=0>In fact</L>, according to Kang et al. (26) patients older than 27 have 2 times the risk of having caries in the second molar. The risk of mandible fracture and the fact that surgery was too aggressive were also referred to as a contraindication for the extraction of 3M. <L>However</L>, studies show that fracture is an extremely rare complication and that it is more common in older patients with fully impacted 3Ms in specific positions (II-III C) (30).

<ED12> One of the main limitations of this study, is the limited sample size that may jeopardize the generalization of the results. <L>However</L>, this paper adds new and interesting information regarding the composition of the biofilm formed around healthy dental implants by simulating the exposition to the oral microbiota of an uncontaminated implant. <L>Also</L>, in future research, an effort should be made to determine which bacteria are live and dead, since the microbioma can change substantially from the initial colonization to the formation of a mature biofilm.

Periodontal disease is a known risk factor for peri-implantitis (Lindhe et al. 2008) and one of the explanations, apart from subject's susceptibility, is that periodontally involved teeth may act as a reservoir for periodontal pathogens that can colonize the implant

surface[...]. <L>However</L>, a recent publication with an open-ended molecular approach showed that 85% of participants shared less than 8% of species between tooth and implants, suggesting that the microbiology of peri-implantitis and periodontitis might be quite different (Dabdoub et al. 2013).

Species from the genera *Prevotella* <GVT CF=were found widely>have been broadly found</GVT> in both groups, <GVNF CF=was>being</GVNF> *P. Denticola* one of the most abundant bacteria. It has been associated with periodontal disease as strongly as the classical red complex bacteria (Vartoukian et al. 2009) but it should be kept in mind that the patients included in the PG had a PPD <4mm and no BOP in at least 70% of sites. <L>Therefore</L>, the presence of this genus in both groups, can suggest that this microorganisms only cause pathology when the balance among bacteria is disturbed or when there is host susceptibility.

The microbiome surrounding teeth has been shown to be significantly more diverse than around implants (Heuer et al. 2012, Vered et al. 2011). <L>In addition</L>, the rate of traditional pathogens around implants is lower than around teeth for both healthy and diseased patients.

Regarding the differences between groups, a special mention should be made to 4 bacteria that had an abundance higher than 1%: *Porphyromonas endodontalis*, *Prevotella baroniae* and uncultured *Porphyromonas* sp., in the PG and *Corynebacterium matruchotii* in the HG. The first [...] seems to play an important role in anaerobic mixed infections [...]. *P. baroniae* has been described as a causal agent of endodontic abscesses [...]. <L>On the other hand</L>, *Corynebacterium matruchotii* is considered a part of the normal oral microbiota (Wu et al, 2013).

This is a quite important finding, and once again indicates the importance of using metagenomic analysis techniques. <L CF=0>Indeed</L>, other microbiological methods like DNA-DNA checkboard hybridization are extremely accurate and have high sensitivity (over 92.5%) and specificity (100%), but are clearly insufficient to detect the composition of the microbiome surrounding implants (Socransky et al. 2004). <L>Likewise</L>, the method <GVNF CF=of collecting> to collect</GVNF> the samples might produce important discrepancies between studies.

<ED13> According to this study, there is no consensus regarding antibiotic use during routine dental implant placement for preventing or reducing postoperative complications

and/or early failures [...]. <L>Indeed</L>, the vast majority of respondents did not prescribe these agents in accordance with what has been recommended in the published studies[...]. <L>Furthermore</L>, a huge amount of active ingredients, regimen and dosages <GVT CF=was found>have been found</GVT>.

The main limitation of the present study is the small number of questionnaires analysed due to the low response rate among respondents (20.1%). <L>Moreover</L>, it should be pointed out that surveyed people were contacted without using the database of any institution (i.e. professional associations or scientific societies), thereby facilitating the presence of heterogeneous groups and hindering the extrapolation of the results to all the Spanish professionals with experience in routine dental implant placement. <L>However</L>, in our opinion, these results may <GVNF CF=be useful for understanding>help to understand</GVNF> the current situation for prescribing antibiotics in these professional communities. Another drawback is that questionnaires should be simple and brief, as well as quick and easy to read and complete. <L>Consequently</L>, important information that the clinician might consider relevant could be neglected.

When analysing antibiotic selection, most of maxillofacial surgeons <GVT CF=considered>consider</GVT> amoxicillin with clavulanate as the first-line prophylactic drug [...]. These professionals clearly have different prescription criteria when compared to the remaining clinicians ($p < 0.05$). <L>Nevertheless</L>, such differences should be interpreted with caution due to the small number of maxillofacial surgeons (19 included in the survey).

Despite the absence of any scientific evidence to support the use of antibiotics in the postoperative period after routine dental implant placement (5), it is surprising that most clinicians included in our study (78.5%) except the Periodontists ($p = 0.002$) indicated that they prescribe postoperative regimens. <L>In any case</L>, it is important to stress that when antibiotics are prescribed to prevent infections, the duration of the treatment should be as short as possible (10). <L>Hence</L>, prolonged regimens may constitute an irrational use of such agents, increasing the likelihood of bacterial resistance and adverse drug reactions without significantly reducing the early failure or infection rates. A recent study with a sample of 217 oral and maxillofacial American surgeons reported no consensus regarding antibiotic use during routine implant placement (11). <L>Indeed</L>, the proportions of subjects who indicated antibiotics preoperatively

[...]or both pre- and postoperatively [...] <GVT CF=were>are</GVT> similar to our results. <L>Nevertheless</L>, American surgeons' regimens tended to be shorter and with lower dosages, specially after the surgical procedure. Such differences might be due to both sociological and professional-related factors. <L CF=0>In fact</L>, it has to be taken into account that Spain is one of the European countries with the highest antibiotic consumption rate and, therefore, with the highest percentages of bacterial resistance (12). This decision is probably based on the assumption that this combination theoretically covers the entire bacterial spectrum of odontogenic infections in Spain (13). <L>However</L>, it is known that biomaterial-based infections are extremely resistant to antibiotics and frequently persist until the implanted device is removed (8). <L CF=Indeed>In this sense</L>, a recent study showed that in nearly three-quarters of cases (77.3%), most of them treated with amoxicillin and potassium clavulanate, an additional surgical procedure had to be performed in order to treat postoperative infections. Several authors have reported considerably higher early implant failure rates when postoperative infections occur during the osseointegration period (4,14-16). <L>Nevertheless</L>, it is unknown whether such complication could jeopardize the long-term treatment outcome (17).

<ED14> Unfortunately, there is no consensus on the criteria used to preoperatively assess the IAN injury risk after third molar extraction. <L>Indeed</L>, each author establishes its own criteria to classify the patients' risk, which makes comparisons difficult. <L>In addition</L>, the time needed to consider a lesion as permanent also varies in the published studies. Many authors use the term "permanent" to define a nerve injury that has not recovered until the last follow-up visit. <L>However</L>, the term "persistent" is, in our opinion, more adequate [...]. In the present meta-analysis, lesions with more than 6 months were considered persistent. This time frame was selected since Cheung et al. (30) reported that these lesions had a low recovery probability. <L>Also</L>, Valmaseda-Castellón et al. (31) observed[...] that lesions that did not recover after 6 month after surgery were very likely to be permanent.

A drawback of the present report is related with the fact that the sample size of the included studies <GVT CF=was>is</GVT> limited and that 3 of the included RCTs <GVT CF=were>are</GVT> at high risk of bias.

This is clearly related with the low incidence of this complication. <L>Indeed</L>, if IAN injury after L3M is defined as the primary outcome and a 0.5 difference between groups is considered clinically significant[...], none of the studies had a statistical power greater than 70%. <L>Therefore</L>, the results of this meta-analysis strongly show the need to perform more RCTs with a correct power calculation. These limitations have to be taken into account when analyzing the results. <L>Even so</L>, the outcomes[...] seem to support that performing a preoperative CT does not seem to significantly decrease the IAN injuries rate after L3M removal.

Several risk factors <GVNF CF=have been identified as predicting>have been identified to predict</GVNF> IAN injury after L3M removal. [...] Some authors state that injuries are easier in MCs with a narrowed configuration (1). <L>Besides</L>, when the MC is positioned lingually, the IAN may receive unfavorable forces if the surgeon starts his surgical approach luxating on the buccal side (27). <L>For this reason</L>, it is thought that most IAN injuries are the result of compression and traction movements during L3M surgery (15).

This direct contact observed in a CT seems to result in an increased risk for IAN injury (18,22). <L>However</L>, only those cases with a true anatomical relationship are at higher risk of having an IAN impairment due to the exposure (24).

Risk factors for IAN injuries are a key issue in the decision-making process to extract a L3M, since they <GVNF CF=allow... to be identified/make it possible to identify>allow identifying</GVNF> high-risk patients. Age, and especially the anatomical proximity of the roots to the MC, are considered the most relevant variables <GVNF CF=for predicting>to predict</GVNF> this complication (15).

A simple superimposition of the third molar roots with the MC is not considered a sign of close relationship. <L>In fact</L>, the positive predictive value of IAN injury in case of superimposition without additional features is low. Even when more specific images are found, the positive predictive value still remains small [...]. <L>Indeed</L>, only around 15 % of the L3M with PAN suggesting high risk of IAN injuries will experience a neurosensory impairment.

Taking into consideration the results of this meta-analysis, a CT should not be routinely performed before L3M surgery. <L>However</L>, in specific cases, where a close relationship between the MC and the L3M is suspected after observing a PAN, a CT can be recommended (16). <L>Also</L>, if the MC is located in an area where the surgeon

expects that bone removal will be necessary [...] or in-between the L3M roots, a CT might be of great interest.

<ED15> The results from this in vitro investigation have shown that implantoplasty does not significantly decrease the maximum compression force of regular diameter external connection titanium dental implants. <L>However</L>, these results may only apply to the aforementioned implant design, since the implant diameter and the type of connection <GVV CF=have been shown>have shown</GVV> to influence the outcomes compression testing in two previous investigations.

Regular diameter implants (4mm) with 3 different connections <GVM CF=were subjected>were subject</GVM> to a static fatigue test.

[...] the Morse tapered implants seemed to be the least prone to fractures and the internal connection the most. All three test groups, <L>however</L>, showed mean resistance values below the test group of the present study. The study of the fractures after <GVNF CF=applying></GVNF>compressive forces showed that 100% of the test implants fractured through the body, in comparison to only in half of the control implants, <GVNF CF=in which ... broke>being the other half broken</GVNF> at the abutment screw level. It <GVT CF=has been established>is established</GVT> that surfaces with Sa values below 0.5 µm are considered “smooth” [...]. In these studies, Ra of 0.2 µm <GVT CF=has been accepted>was generally accepted</GVT> as the roughness threshold below which the amount of bacterial adhesion cannot be reduced any further. In a previous study using only cutting burs under standardized conditions, the smoothest surface obtained was above 0.5 µm Ra [...]. <L>Similarly</L>, Ramel et al. (Ramel et al. 2016), obtained a mean Ra value of 0.32 ± 0.14 µm after conducting a 5 bur implantoplasty procedure[...]. <L>Furthermore</L>, there are two investigations <GVNF CF=(that) have reported>reporting</GVNF> Ra values > 4.0 µm after standardized implantoplasty [...]. In light of these conflicting results, future research should <GVV CF=focus>be focused</GVV> on overcoming the limitations of working in the patient’s mouth, in reducing the time needed to perform this procedure and in assessing the effect of implantoplasty on bacterial recolonization.

<ED16> Several reports have addressed the prevalence and described some of the clinical features and risk factors for postoperative infections^{4–12,17}. <L>However</L>, to the

authors' knowledge, this cohort study adds new and useful information to the literature since it identifies which patients and implants are associated with a higher risk of failure after a postoperative infection. <L>Thus</L>, this study provides data that will help clinicians to decide whether to treat the infection or directly remove the implant due to its poor prognosis.

The main limitations of the present study are its retrospective nature and the criteria used to define infection, based mostly on clinical observations. <L>However</L>, few conditions other than infections can be considered in the differential diagnosis of patients that starts presenting pain a few days after implant placement.

Although the prevalence per patient of postoperative infections when systemic antibiotics are administered varies considerably across published studies, Esposito et al.²⁷ reported a weighted rate of 2.3% (95% CI: 0.4% to 4.1%). [...] <L>In contrast</L>, the reduced number of participants in some reports^{9–12}, the absence of standardized diagnostic criteria, the different research designs as well as the diversity of samples' demographic characteristics could partially justify those broad infection rates.

Surprisingly, it has been suggested that the prescription of these drugs has no effect in the prevention of postoperative infections. <L>In fact</L>, a recent meta-analysis reported no statistical significant differences regarding infection prevalence when antibiotics were administered (5.9% vs 7.0%. P = 0.39).

This finding is in accordance with those papers that <GVT CF=have considered>considered</GVT> postoperative infections as one of the main risk factors for early implant failure.^{5,6,10,15–17}

A recent study carried out by the present research group revealed that dental implants placed in the mandible are more prone to infectious complications¹⁷. <L CF=... also...>In accordance</L>, the bivariate analyses of the present report identified a statistically significant association between mandibular location and implant failure [...] The relatively poor blood supply and macro- and micro-architecture [...] of the mandible might hamper the already complex management of this complication. <L>However</L>, this variable was not included in the final Cox proportional-hazards regression model. A possible explanation for this could be that other variables could act as confounders. <L>Indeed</L>, the relation between implant location and failure varied when stratified by primary stability[...].

Traditionally, it has been suggested that early signs of infection after dental implant placement may represent a much more critical finding than if the same complication occurs later [...]. Accordingly, late superficial postoperative infections of soft tissues are generally uncomplicated.

The present results agreed with the previous publications since late onset postoperative infections were associated with a better prognosis. Indeed, for each week that the appearance of postoperative infection was anticipated, the adjusted risk of failure was multiplied by 1.11. Besides, more than three-quarters of postoperative infections which lead to implant failure occurred during the first 2 months after its placement. Nevertheless, the fact that this complication has a delayed-onset [...] stresses the importance of establishing a strict follow-up protocol [---].

Generally, rough implant surfaces enhance initial adhesion, attachment, and colonization of bacteria and favor plaque formation. In this sense, Zaugg et al.³⁰ concluded that rougher surfaces increase bacterial adhesion and make biofilm removal more difficult. Consequently, when some degree of bone loss occurs these surfaces might favor the onset and progression of peri-implant diseases.^{31,32} Indeed, our results suggest that implants with rough-surfaced collars had a worse prognosis even after the pharmacological treatment of the postoperative infection. In fact, these implants had an adjusted 2.35 times higher probability of early implant failure when compared to smooth-surfaced collar fixtures.

Smoking has been well-established as a risk factor for periodontitis and peri-implant diseases.^{33,34} Moreover, several studies have shown that tobacco negatively influences implant survival.^{35,36} Surprisingly, this association was not found in the present study. In the authors' opinion, this finding could be due to the fact that smoking habit was presented as a dichotomous variable because of the small number of cases. Moreover, the amount of tobacco was self-reported leading to a possible recall bias.

[...] others, in accordance with the present observations, have suggested that some conditions do not seem to influence the treatment outcomes.³⁸ Nevertheless, it seems reasonable to assume that the severity of these systemic diseases can be far more critical than the disorder itself. Therefore, a strict preoperative assessment

allowing adequate diagnosis and management of any systemic disorder is mandatory before implant therapy[...].

It has been claimed that some anaerobes can attach directly to an inert titanium surface, colonize it and subsequently lead to infection of the peri-implant tissues.^{39,40} Accordingly, amoxicillin plus potassium clavulanate, clindamycin or metronidazole should be 3 of the most suitable antibiotics for treating this complication. However, none of the antibiotics proved to be more effective than another in the present sample (Table 1). Indeed, 33 out of 37 (89.19%) patients had to be surgically retreated because of antibiotic therapy failure. This stresses the importance of performing a study with the aim of identifying the bacteria involved and its susceptibility to commonly used antibiotics to determine the most adequate drug to treat such infections. Also, local application of these antibiotics might be specially indicated in this complication since the systemic administration might produce a low bioavailability of the drug in the infected region.

<ED17> Biofilm formation over implants or prosthetic components can play a significant role in the occurrence and progression of peri-implant diseases, just as biofilm formation on teeth is a risk factor for periodontal diseases (27,28). However, some important differences between periodontitis and peri-implantitis have been described. The biofilm formed around teeth has been well studied, especially its growth pattern and 3D structure. Nevertheless, the available information in the literature regarding the biofilms' characteristics formed over exposed implants is very scarce.

Mombelli et al. (30) described the microbiota associated with peri-implantitis and pointed out that, most studies use techniques that destroy the three-dimensional architecture of the biofilms formed over dental implants (curettes or paper points). Therefore, a removable abutment mimicking a dental implant that allows the collection of biofilms without disruption may be of great interest for research purposes.

Some authors have employed splints with titanium (or other material) discs to collect biofilm (17,31,32). However, this method does not reproduce a real situation, since the disks are not partially included in a peri-implant sulcus. Indeed, the soft tissue may act as a protective factor (33). Some authors have studied in vivo biofilms using abutment with different surfaces (14,22,23). However, these abutments were either machined or had a roughness not higher than 0.9 µm. Moreover, the

macroscopic appearance was quite different from that of a dental implant. The abutment employed in the present study had a roughness of 1.4-1.5 μm and included threads similar to many implant systems. This experimental model <GVNF CF=made it possible to perform/allowed ... to be performed>allowed to perform</GVNF> a 3D analysis of a 14-days intact in vivo biofilm formed over an exposed dental implant.

[...] these differences are probably more qualitative and therefore can be better identified using other techniques, such as DNA sequencing (26). <L>Also</L>, the fact that the patients of the present sample did not have active periodontal disease could also justify the lack of significant differences between these 2 groups.

While SEM is the method of choice due to its high resolution, CLSM can study the biofilm in its natural hydrated state with no distortion of the structure. <L CF=Therefore>Thereby</L>, each abutment was first studied using CLSM and later with SEM.

Subgingival and supragingival areas had different results in the present study. This can be explained by the assumption that keratinized mucosa surrounding healthy implants has the potential to prevent subgingival biofilm formation (34). <L>Even so</L>, half of the subgingival portion of the abutments was covered by biofilm.

These results seem to indicate that keratinized mucosa might be a good barrier when it is in contact with a smooth surface[...]. <L>On the other hand</L>, rough surfaces seem to be easily colonized by bacteria.

The supragingival locations receive nutrients coming from the diet, which allows the biofilm to grow easily. <L>On the other hand</L>, the biofilm located on healthy subgingival locations has a restricted amount of nutrients and oxygen, which might explain the high mortality registered.

This issue (i.e. reduced sample size) might be considered a limitation even though many studies <GVT CCF=have included>included</GVT> a similar number of patients.

In our opinion, the proposed in vivo model has proven to be an excellent method <GVNF CF=for studying>to study</GVNF> biofilm formation over dental implants. Moreover, this methodology might be very useful in the future <GVNF CF=for comparing>to compare</GVNF> the biofilm's structure formed over healthy and diseased implants. <L>Also</L>, this experimental abutment can be used to assess the efficacy of the different decontamination treatments that have been reported in the literature.

<ED18> One of the main limitations of this study is the reduced sample size, which may jeopardize the generalization of the outcomes. <L>However</L>, it has to be taken into account that, no data has been published on this topic using metagenomic techniques. <L>Thus</L>, this paper adds new information to the literature on the microbiota present in sockets with and without alveolar osteitis.

Next generation sequencing (NGS) of 16S rRNA <GVNF CF=makes it possible to identify>allows to identify</GVNF> a huge number of bacteria, that may remain unnoticed if other usual techniques.

Standard culture media for the growth of bacteria were probably the first method that provided valuable data regarding the bacteria present in oral infections²⁵. <L>However</L>, this technique is time-consuming and does not <GVNF CF=allow ... to be identified>allow to identify</GVNF> all the existing microorganisms.

PCR offers great sensitivity and only requires a small amount of DNA of the microbial sample²⁵, but the ability to discriminate and identify is limited to the oligonucleotides that have been selected, therefore <GVNF CF=it neglects>neglecting</GVNF> an important number of bacteria, specially those that have not been previously linked to the studied infection.

NGS has significantly increased the diversity of the oral human microbiome. <L>Indeed</L>, a recent report published by our department identified 19 species that were not in the present in the Human Oral Microbiome Database (HOMD)¹⁴ or the CORE Microbiome²⁴ databases were identified in oral biofilm samples collected from implant abutments²⁶.

Although many papers have been published on this topic, the etiology of dry socket remains unclear. Most authors agree that, based on the clinical features of this complication [...] that the blood clot either fails to form, or that it is subsequently lysed⁶. <L>However</L>, taking into consideration that antibiotics and antiseptics seem to reduce the incidence of alveolar osteitis and that most of the above-mentioned risk factors [...] are also also associated with increased rates of postoperative infections, one might establish a hypothesis that bacteria play an important role on the etiology of this disorder. <L>Indeed</L>, according to Serrati et al.³², bacteria or debris might stimulate monocytes/macrophages to release cytokines which can provoke an up-regulation of urokinase-type plasminogen activator (uPA) and plasminogen activator inhibitor 1 (PAI-1) that will lead to clot lysis.

Due to the study design (small sample and the use of metagenomic techniques), it is difficult to assess which bacteria are more likely linked to alveolar osteitis. <L>However</L>, the following species that were found in 2 or more patients of the AO group [...] are more likely to be associated with this complication[...]. <L>Also</L>, Prevotella intermedia, Prevotella melaninogenica, Parviromas micra (3% AO vs 0.4 CG) and Fusobacterium nucleatum might be involved, since these were over-represented in the dry socket samples. Leuconostoc mesenteroides may be an important microorganism in this complication since it <GVM><GVT CF=was found>has be found</GVT></GVM> in the 30% of the samples of the AO and this species has been used in the pharmaceutical and chemical industries as an anticoagulant to prevent formation of blood clots33-34. <L>Moreover</L>, this bacteria was not present in the CG.

In our opinion, these outcomes indicate the need to perform additional research on the role of bacteria in such a clinical relevant topic. <L>Thus</L>, future studies should consider using metagenomic techniques in larger samples of patients and must also include a control group.

<ED19> Another possible explanation is that these events might <GVT CF=have remained>remained</GVT> unnoticed to patients.

Unfortunately, there is scarce literature about mechanical problems in full-arch restorations. <L>Indeed</L>, most authors only report the survival (presence of the prosthesis) or failure (absence) rates without specifying the nature of these complications. There are few studies regarding treatment decisions on prosthetic material selection. <L>Furthermore</L>, it seems that no material for full-arch implant-supported restorations is exempt from mechanical complications. <L CF=In addition>Indeed</L>, patients with implant supported full-arch prosthesis have less masticatory proprioception than dentate patients, and the control of maximal masticatory forces is worse [11].

A study published by Tartaglia et al. [12] [...] showed that maxillary metal-resin full-arch restorations in men had significantly more risk <GVNF CF=of developing>to develop</GVNF> mechanical complications. Fracture or wearing of acrylic teeth seems to be more frequent in anterior areas [12], probably due to shear forces. <L>On the other hand</L>, occlusal access hole has been cited to be a critical point providing less resistance to porcelain.

Patients suffering from bruxism are more prone to mechanical complications [4, 8]. <L>However</L>, this study found no significant associations between this parafunctional habit and the presence of mechanical events.

Interestingly, Erkapers et al. [18] found an overall improvement in OHIP-49 scores for patients with a maxillary immediate loading prostheses comparing the presurgical visit with a follow-up visit after 1 year. <L>However</L>, the score changes for social disability and handicap domains suffered less changes than the remaining parameters. These authors <GVT CF=hypothesized>hypothesize</GVT> that these domains could have a low specificity <GVNF CF=for assessing>to assess</GVNF> the outcome of a dental implant treatment or that these could be really difficult to improve.

<ED20> The outcomes obtained in the present in-vitro study are in accordance with the above-mentioned paper (9). <L>However</L>, these results should be interpreted with caution, since most data concerning the accuracy of dynamic systems is extracted from in-vitro studies that use artificial models, which can lead to better results in comparison to real clinical scenarios. (9) <L>Still</L>, several authors <GVT CF=have shown>show</GVT> good results in clinical studies, and <GVT CF=have concluded>conclude</GVT> that navigation systems are as good as static guides (11), and significantly better than freehand implant placement. (11,16)

The overall mean error at depth was 0.88 mm (range from 0mm to 1.6mm), which shows an important discrepancy that may be considered unacceptable in anatomically compromised situations where the inferior alveolar nerve is at risk. <L>Thus</L>, in our opinion, a 2mm security margin should be implemented to all important anatomical structures in the pre-surgical planning.

An in-vitro study published in 2015 (7) tested the accuracy of the Navident® system and reported similar findings. <L>Again</L>, the results regarding depth deviation were disappointing (deviation ranged from 0 to 3.3mm). [...] <L>On the other hand</L>, CBCT scan quality, registration or planning inaccuracies, tracking system precision, acrylic splint movements, operator mistakes while following the onscreen path of drilling, errors when overlapping the two CBCTs scans are factors that might lead to incorrect positioning of the implants.

Some authors report that a high accuracy can only be achieved by using bone fixed fiducials because dental or mucosal supported splints can originate deviations.

<L>However</L>, this option might increase surgical morbidity of patients due to screw fixation. (10, 19)

Block et al. (11) concluded that surgeons with prior experience with dental navigation systems, had better accuracy outcomes and a flat learning curve compared with expert professionals in implant dentistry but with no experience in navigation systems.

<L>However</L>, the learning curve is quite fast since after 20 cases, these authors only found minimal accuracy differences between surgeons.

The employed study design (in vitro study) might limit the generalization of the results, especially those that can be affected by clinical variables. <L>On the other [hand]</L>, the present study has a high internal validity <GVNF CF=while providing control over>and allows to control</GVNF> several confounding variables that cannot be manipulated in a real clinical scenario. <L>Indeed</L>, the fact that all anatomical (models, preclinical simulated patient, light conditions), surgical (drilling unit, implant system, implant length and diameter) and planning (CBCT, software used in the pre-surgical planning) variables were identical, <GVNF CF=made it possible to analyze>allowed to analyze</GVNF> the effect of experience in the accuracy of the systems without confounders.

<ED21> Marginal bone loss associated with peri-implantitis usually extends to the level corresponding with the end of the internal chamber of the abutment screw, where resistance to bending is diminished. <L CF=0>In this sense</L>, Gehrke et al.(S. A. Gehrke et al., 2014) reported an average reduction in strength of 37.2% and 53.8% when the level of cervical insertion was located 3 mm and 5 mm beyond the implant shoulder, respectively. <L>Consequently</L>, our samples were manufactured <GVNF CF=to simulate>simulating</GVNF> a horizontal peri-implant defect of 5 mm (50% of the total implant length) in order to recreate a common but mechanically unfavorable situation.

[...] others, in accordance with the present observations, have revealed a weakening of the fixture when IP is performed.(Chan et al., n.d.; S. Gehrke et al., 2016).

<L>Indeed</L>, IP produced an almost 30% decrease in fracture resistance [...].

Fracture resistance was also influenced by implant abutment-design[...].

<L>Basically</L>, it was observed that in both control and IP samples, EC implants were the least prone to fractures whereas the IC implants were the most susceptible to rupture.

<L>Conversely</L>, Gehrke et al.(S. Gehrke et al., 2016) found that Morse tapered

fixtures resisted significantly more than the EC and IC ones. Differences in the IP protocol applied (mechanical lathe machine vs. manual simplified 3-bur protocol), the titanium grade (4 vs. 5), the implant dimensions used (4x11 mm vs. 3.5x10 mm) as well as the macroscopic design of the fixtures, may explain these conflicting results. Hence, future studies using implant designs and IP protocol differing from the aforementioned should be performed in order to generalize the present results. In addition, considering that masticatory forces are cyclic, dynamic fatigue tests should be carried out to predict how long these implants are going to function properly.

In our study, fracture strength after static loading of the control specimens were above these thresholds (Table 2). However, when IP was performed, all three groups showed Fmax values close to the masticatory forces previously reported (Table 2). Accordingly, the clinician should be cautious when applying this procedure to narrow-diameter implants[...].

The present results agree with previous publications, since a statistically significant positive correlation was found between implant wall thickness at each of the reference points assessed (Fig. 5). In this sense, the wall of the IC and CC implants at T0 and T2.5 was almost half the width of the wall of the EC implants (Table 1). As a result, the EC implants had significantly higher Fmax values than the IC and CC implants in both control and IP samples. Indeed, the mean Fmax values obtained in the EC group after IP were similar to those observed in the control IC implants. Besides, the thickness of the wall was also related to the fracture pattern[...].

As any in vitro study, a possible limitation of the present report is that IP was performed under ideal conditions. In this sense, it should be taken into account that in an environment closer to a real clinical situation, the results could be different from those obtained in this investigation. Another potential drawback is related to the fact that IP was performed manually. [...] On the other hand, this procedure is more similar to a real clinical scenario and therefore, increases the external validity of the study. The simplified 3-bur IP protocol, used for an average of 11 min (SD = 1), was able to produce a minimal implant diameter reduction [...]. In this context, it must be emphasized that a potential drawback of the present study was the lack of further analyses to evaluate the surface roughness of the smoothed implants. However, a recent report employing the same IP protocol have shown a mean Sa value of 0.1 μm (SD = 0.02) [...]. Similarly, Ramel et al. obtained an

effective smoothing of the surface after conducting an IP procedure combining 3 diamond burs and 2 silicone polishers during 21 minutes (SD = 4) per implant. Nevertheless, the method applied resulted in an average Ra value of 0.32 μm (SD = 0.14), which is higher than the Ra threshold value (<0.2 μm) from which the bacterial adhesion cannot be further reduced.

Appendix 6. Copyright, fair use and data mining

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“Artículo 21. Transformación.

1. La transformación de una obra comprende su traducción, adaptación y cualquier otra modificación en su forma de la que se derive una obra diferente.

Cuando se trate de una base de datos a la que hace referencia el artículo 12 de la presente Ley se considerará también transformación, la reordenación de la misma.

2. Los derechos de propiedad intelectual de la obra resultado de la transformación corresponderán al autor de esta última, sin perjuicio del derecho del autor de la obra preexistente de autorizar, durante todo el plazo de protección de sus derechos sobre ésta, la explotación de esos resultados en cualquier forma y en especial mediante su reproducción, distribución, comunicación pública o nueva transformación.”

“Artículo 31. Reproducciones provisionales y copia privada.

1. No requerirán autorización del autor los actos de reproducción provisional a los que se refiere el artículo 18 que, además de carecer por sí mismos de una significación económica independiente, sean transitorios o accesorios y formen parte integrante y esencial de un proceso tecnológico y cuya única finalidad consista en facilitar bien una transmisión en red entre terceras partes por un intermediario, bien una utilización lícita, entendiéndose por tal la autorizada por el autor o por la ley.

2. Sin perjuicio de la compensación equitativa prevista en el artículo 25 [cánon sobre equipos], no necesita autorización del autor la reproducción, en cualquier soporte, sin asistencia de terceros, de obras ya divulgadas, cuando concurren simultáneamente las siguientes circunstancias, constitutivas del límite legal de copia privada:

- a) Que se lleve a cabo por una persona física exclusivamente para su uso privado, no profesional ni empresarial, y sin fines directa ni indirectamente comerciales.
- b) Que la reproducción se realice a partir de una fuente lícita y que no se vulneren las condiciones de acceso a la obra o prestación.
- c) Que la copia obtenida no sea objeto de una utilización colectiva ni lucrativa, ni de distribución mediante precio.”

“Artículo 32. Citas y reseñas e ilustración con fines educativos o de investigación científica.

1. Es lícita la inclusión en una obra propia de fragmentos de otras ajenas de naturaleza escrita, sonora o audiovisual, así como la de obras aisladas de carácter plástico o fotográfico figurativo, siempre que se trate de obras ya divulgadas y su inclusión se realice a título de cita o para su análisis, comentario o juicio crítico. Tal utilización solo podrá realizarse con fines docentes o de investigación, en la medida justificada por el fin de esa incorporación e indicando la fuente y el nombre del autor de la obra utilizada.”