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LETTER TO THE EDITOR

Journal of Clinical Pediatric Dentistry

A response to the letter to the editor: "Use of nitrous oxide sedation by pediatric dentists"

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1. Response from Lamis Darwish Rajab and Yusra Jamal AlNahhas

We would like to thank the reader for their insightful comments [1] regarding our article, "Use of nitrous oxide sedation by pediatric dentists" [2]. Scholarly dialogue is vital for advancing pediatric dental sedation, and we appreciate the opportunity to address the points raised.

While we value the reader's observations, we would like to clarify that many of these considerations were already addressed within the original manuscript.

1. Methodology and Bias

The reader correctly identifies the inherent limitations of self-reported data. As we emphasized in the Discussion and Limitations sections, we were fully aware of the potential for social desirability bias. This study was designed to establish a baseline of current professional attitudes and reported practices in Jordan, a necessary precursor to the more objective clinical audits or institutional record reviews suggested by the reader.

2. Alignment with AAPD Guidelines

Our study utilized the American Academy of Pediatric Dentistry (AAPD) guidelines as the foundational benchmark. We agree that a "gap analysis" between evidence-based recommendations and real-world application is essential. In fact, our paper specifically highlighted several critical gaps in Jordanian practice when measured against the AAPD "gold standard", including documentation (written informed consent), physiological monitoring (practitioners lacked the electronic monitoring equipment (*e.g.*, pulse oximetry) required to meet the "rescue-ready" infrastructure recommended by the AAPD), and emergency readiness (a significant proportion of providers lacked current Basic Life Support/Pediatric Advanced Life Support certification, which is a core safety requirement of the AAPD framework).

3. Scoping for Children with Special Healthcare Needs (SHCN)

Regarding the point on children with SHCN, we wish to clarify that the absence of a focused analysis on this group was a deliberate scoping decision rather than an omission.

The decision-making process, medical risk-benefit assessment, and behavioral guidance required for nitrous oxide (N_2O) use in SHCN patients are significantly more complex than in the general pediatric population. We believe that including SHCN patients as a minor subset within this study would have failed to do the topic justice. Instead, we maintain that sedation protocols for SHCN children deserve a separate, dedicated investigation that can account for the specific medical nuances and physiological demands inherent to that population.

We thank the reader for highlighting these important issues. We believe our study provides a transparent and robust evaluation of the current state of N_2O use in Jordan while clearly defining its scope. Such discussions reinforce the need for ongoing education and stricter adherence to international safety standards, such as those of the AAPD.

AVAILABILITY OF DATA AND MATERIALS

Not applicable.

AUTHOR CONTRIBUTIONS

LDR and YJA—designed the response and wrote the manuscript. Both authors read and approved the manuscript.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Not applicable.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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