Revisor 1.

Thank you very much for taking the time to review this manuscript.

1. **Abstract:** The abstract provides a clear overview of the editorial's content. However, it could be enhanced by briefly mentioning the significance of the findings from the Thazhe et al. study and their implications for diabetes management.

   The suggested modification was made.
   “The findings from the Thazhe et al. study are significant as they demonstrate a strong link between periodontal disease and diabetic retinopathy in patients with T2DM. This correlation highlights the importance of addressing periodontal health in diabetes management to potentially reduce the risk and severity of diabetic complications, including DR. Integrating periodontal evaluation and treatment into diabetes care protocols could lead to improved glycemic control and better overall outcomes for patients with T2DM”.

2. **Introduction:** The introduction effectively sets the stage for the discussion on the interplay between PD, DM, and DR. However, a brief mention of the prevalence of PD in patients with T2DM compared to non-diabetics could provide a stronger context for the significance of the topic.

   The suggested modification was made.
   “Individuals with type 2 diabetes who have severe periodontal disease are at a 3.2 times higher risk of mortality compared to those with no or mild periodontitis [5]; indicating that individuals with T2DM are more susceptible to developing periodontal disease and are likely to experience more severe forms of periodontitis compared to non-diabetic individuals [10]”.

3. **Association between DR and PD:** This section is well-elaborated, with a detailed discussion on the mechanisms linking PD and DR. It might be beneficial to include a sentence or two summarizing the key findings from the studies mentioned, to provide a clearer picture of the current state of research.

   The suggested modification was made.
   “In the South Indian population, Tandon et al. [15] conducted a cross-sectional study that included 213 patients diagnosed with DM2. Among them, 66.2% had DR, and approximately 91% had PD. It was determined that the presence of moderate to severe PD increased the risk of having DR by 1.6 times. Patients with proliferative DR had
significantly higher gingival plaque indices than those with nonproliferative DR or no DR. These findings established a significant association between the presence and severity of DR and PD in patients with DM2. This correlation implies that recognizing the link between these two conditions could help identify potentially sight-threatening retinopathy in diabetic patients visiting the dental clinic with periodontal disease.”

“The study by Veena et al. [12] suggests that there could be a plausible relationship between DR and PD, highlighting the importance of prevention and control of PD as an integral part of diabetes management strategies”.

4. Future Perspectives: The suggestions for future research are insightful. It would be helpful to mention any existing challenges or barriers in integrating periodontal health into diabetes management and how they might be addressed.

The suggested modification was made.

“On the other hand, there may be challenges and barriers to integrating periodontal health into the management of DM effectively. One of the main challenges is the lack of awareness among both patients and health professionals about the importance of periodontal health and its impact on DM and vice versa. Limited availability of resources, especially in low-resource areas, can make regular periodontal health assessments and necessary interventions difficult. Collaboration between dentists, endocrinologists, diabetologists, and other health professionals is essential for comprehensive management but may be limited due to the lack of effective referral systems or communication between different specialties. Likewise, patients may not perceive PD as a priority, especially if they are focused on other aspects of diabetes, such as blood glucose control, and may not follow recommendations for periodontal treatment. The latter can be expensive and is not always covered by health insurance, limiting access for some patients. Addressing these challenges requires a collaborative, multidisciplinary approach that prioritizes patient education, healthcare integration, and accessibility to affordable treatments”.

5. Conclusion: The conclusion effectively summarizes the key points of the editorial. It could be strengthened by adding a sentence emphasizing the potential impact of integrating dental care into diabetes management on public health.

The suggested modification was made.

“The integration of dental care into the management of DM not only promises to improve glycemic control and mitigate the progression of its complications but also represents a transformative opportunity to improve public health outcomes and quality of life for patients with DMT2, underlining the importance of a multidisciplinary approach in the treatment of this complex disease”.