

Answer to reviewers.

02691156 Conclusion: Accept

Classification: Grade B (Very good)

Language Evaluation: Grade A: priority publishing

The title is referring directly to the problem at hand. The abstract is sufficient. Introduction is short and clear. Material and Methods include 33 papers from literature search in Pubmed and Scopus, for articles in English and Scandinavian languages, and the author's personal experience from the successful treatment of two cases. Results authors analyzed (a kind of meta-analysis) the outcomes from the selected papers with medial and lateral pathology. Discussion is extended and comprehensive. The authors conclude "that the primary step is establishment of laterality. From this follows relevant diagnostic measures and treatment as defined in this guideline. Early surgical intervention is recommended as the snapping can damage the ulnar nerve (medial) or the intra-articular cartilage (lateral). If medial snapping only occurs during repeated or loaded extension/flexion of the elbow (in sports or work) it may be treated by reduction of these activities".

Limitation of the study: I understand the difficulty to include other papers than those written in Scandinavian or English languages, but this represent a weak point of the submitted paper.

Answer: Thank you for your comments. We have included a flowchart of the literature search and selection strategy. Eight articles were excluded for language reasons, and some of these would probably be excluded because of lack of information on diagnosis and treatment.

The lack of photos (illustration of the study) also is a weak point.

Answer: We have included videos of the two cases we report.

References: 36 papers are included. Finally, although the structure of the submitted paper is slightly diverging from the structure of similar papers suitable for publication in the WOJ, could be accepted for publication in the WJO. 20171127_Comments to Authors.docx

03069943 Conclusion: Minor revision

Classification: Grade C (Good)

Language Evaluation: Grade B: minor language polishing

Good simple approach to an uncommon problem which can be difficult to diagnose. The approach is good and can be better presented in a flowchart with different pathologies on either arms (medial and lateral) with investigations and treatment options.

Answer: We have added this flowchart as figure 2

This will add value to the paper.

Also, a table with all main 5-6 conditions with their prevalence will be good as a snapshot divided in medial and lateral.

Answer: We have added information about relative incidence (absolute incidence is unknown), and also in figure 2 we have listed the main conditions.

Current table is good and should be kept, but it's very busy. Best Wishes

02990871 Conclusion: Accept

Classification: Grade C (Good)

Language Evaluation: Grade A: priority publishing

overall well written article on an interesting subject. Some suggestions. change x-rays into radiographs throughout the manuscript. keywords: add snapping introduction: you may mention that this is a dynamic pathology and that radiographs and MRI are static diagnostic modalities. M&M: what were the exact inclusion and exclusion criteria?

Answer: Thank you for pointing these things out. We have corrected accordingly.

results: table 1. What is meant by special MRI? discussion: you mention that the largest series was on 14 patients. However, table 1 states 64 patients in the study by Pedersen et al.

Answer: This has been clarified in the discussion and in table 1. Thank you for pointing out these inaccuracies.

Are there clinical symptoms in MABCN snapping? neuropathy? What is in general the most important symptom to the patient; snapping? pain? decreased function? neuropathy?

Answer: Information about this has been added.

Both cases were 16-YO boys. Please describe anything on the category of patients that typically present with snapping elbow. young patients? athletes?

Answer: We have added information about age and athletic performance.

In your opinion, would you recommend arthroscopic treatment over open treatment for lateral snapping?

Answer: Definitely, because the trauma is small and visualization usually much better with arthroscopic procedures. This has been added.