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## **AUTHOR'S POINT-BY-POINT RESPONSE TO PEER-REVIEWERS COMMENTS**

**Name of journal:** World Journal of Orthopedics

**Manuscript NO:** 49568

**Title:** Posterior ankle impingement – an underdiagnosed cause of ankle pain in pediatric patients

**Reviewer's code:** 02444755

### **SPECIFIC COMMENTS TO AUTHORS**

The authors present an interesting and well-written study to emphasize the diagnostic delay of posterior ankle impingement that is seen in the pediatric population. The message is straightforward and deserves publication.

**AUTHOR'S RESPONSE-** *Thank you for reviewing our manuscript and providing us with your valuable suggestions.*

I'd only like the authors to provide more detailed information on the study population, e.g., type of sports, time to return and level of play.

**AUTHOR'S RESPONSE -** *As advised by the reviewer, the type of sports and return to sports now been included in line 90-92 the results section.*

Furthermore, the study has some limitations that should be discussed, e.g., a patient population that is referred to a tertiary center may not be representative for the whole population, and the referral could also increase the delay.

**AUTHOR'S RESPONSE-** *Limitations of the study as suggested have been added to the 'Discussion'- lines 191-193.*



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**Reviewer's code:** 03516700

#### **SPECIFIC COMMENTS TO AUTHORS**

General comments: This manuscript describes a single-center series of 46 ankles in 35 young patients,  $\leq 18$  years old, with a history of posterior ankle pain. All patients were referred to this center after failed conservative treatment and all were treated by posterior ankle arthroscopy. The authors state that the main focus of this study was to increase awareness of posterior ankle impingement in the juvenile and adolescent age group. Apparently, this is the first study on the topic of posterior ankle impingement in a young age group, making it of interest.

**Author's response** -*The authors thank you for considering this manuscript for a review.*

However, follow-up is very short, average 9 months, which means that a substantial of patients have even less than 9 months of follow-up, making any conclusion on the outcome of treatment trivial. Why not exclude ankles with less than 9 months of follow-up?

**Author's response**- *The authors thank you for the suggestion. As this is an ongoing prospective study, over the past 3 months, many patients who with shorter follow-ups were seen in our clinic for their follow-up visits; now the average follow-up is now over a year (13.1 months to be precise) which is updated in the revised manuscript-line 115. We have also updated the latest AOFAS scores- line 117.*

There is quite some repetition in the text, e.g. with same results given in the results and the discussion section. I strongly recommend to be more concise.

**Author's response**- *The repetitive text from the discussion has been deleted/ modified ( line*



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151-157) to be more concise.

Specific comments: 1) No title page is provided in the manuscript.

**Author's response-** *Title page has been provided.*

2) Numbering of the sections starts with Materials and Methods, not with Introduction.

**Author's response-** *Numbering changed to include Introduction.*

3) No statistical analysis is presented, for example between preop and postop VAS and AOFAS.

**Author's response-** *The authors have included statistical analysis in methods Line 81-82- and results- lines 116-117.*

4) No description is given which investigator has judged the radiographs and the MRI's. Was this done by the local radiologist or by an independent clinician, not knowing the findings at arthroscopy?

**Author's response-** *The imaging was reported by local radiologist- This is now included in the manuscript- line 98. The reporting radiologist was blinded to the arthroscopy findings.*

5) The period of inclusion and of surgery is not given.

**Author's response-** *The period included in the Materials and Methods section- Line 67.*

6) No quantitative data are given on the findings at arthroscopy.

**Author's response -** *As advised by reviewer, quantitative data on arthroscopic findings added in the results section- Lines 113-115.*



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7) Line 113: “which supplements our diagnosis ...”. Better: “supports the diagnosis ...”.

**Author’s response-** *Change made in the discussion as advised – line 120.*

8) Lines 120-123: no comparison has been made between the delay in diagnosis in the study group and adult population in other studies.

**Author’s response-** *The authors did not come across any such studies which describe delayed diagnosis for PAIS in adult literature. We believe the reason for this could be that PAIS is much well described in adults than in children.*

9) Table 1: the most important data are the previous diagnoses given. Furthermore, the layout of the table suggests that different health care professionals give specific diagnoses. I suppose that there is no relation between health care professional and diagnosis given.

**Author’s response-** *Yes, that is correct. There is no relation between health care professional and diagnosis given.*

*Thank you once again for the review and your thoughtful comments and suggestions.*