Comments reviewers

Reviewer 1

Provide more preoperative clinical details on patients (what were the patients' preparatory diagnoses? Hip function? Providing scores, for example HHS …)	The preoperative diagnoses are given in table 1 (being CAM, Pincer or labral rupture). Regarding the preoperative functional scores we added an extra table with the HAGOS functional outcome scores for baseline and after 12 months follow -up (table 3).
- Correlation between the post-operative imaging MRI data and the patients' clinic (here too it would be interesting and useful to provide post-operative clinical and functional scores)	We added an extra table with preoperative as well as postoperative HAGOS functional outcome score at 12 months follow up. As it is a random sample of a randomized controlled trial no differences were seen between groups.
- Integrate with further imaging of other patients.	Added extra figures of an intact capsule and measurement of capsular integrity.

Reviewer 2

1-These MRI scans were independently evaluated for capsular quality by N.B and D.H to assess inter observer reliability. (What do you mean by N.B and D.H?)	The abbreviations NB and DH refer to the authors Niels Bech and Daniel Haverkamp.
2-You did not mention the number of patients in each group! And if there were indication for repair in the repaired group? Capsular quality assessment on MRI 1-Capsular thickness and quality were measured on proton weighted density sequence in the coronal plane: (1-It is better to mention the type of MRI machine and type of image (T1 or T2) used in the study.	Agreed, we adjusted this section and added a sentence on the number of patients in both groups. It was a random sample of patients from a previous RCT, patients were randomized in a capsular repair or unrepaired capsulotomy group. We adjusted the section on capsular quality assessment on MRI, capsular integrity was measured on the proton weighted density sequence or the T2 weighted fat-saturated sequence.

2- You did not mention how did you measure the capsular thickness!!).	Agreed, we measured the presence of a capsular defect and the gap sizes of the acetabular side and muscular side of the defect. We didn't measured capsular thickness. Therefore we removed the sentence and adjusted this part.
2-The definition of a capsular defect was described by Weber et al; being any visual disruption of the iliofemoral ligament or any appearance of communication between the joint and the iliofemoral bursa seen with contrast. (You did not mention that you use contrast in the methods section!)	We didn't use contrast in all cases. Sometimes the MRI scan was done because the patients had complaints on the contralateral side, in these cases no contrast was given to the previous operated hip. In these cases it was still possible to measure the presence of a gap.
3-Furthermore, we measured 2 parameters: gap length on the acetabular side and the gap length on the muscular side of the defect. (Better to add drawing showing the way of measurement)	Thanks for pointing this out, we added a drawing how we measured the presence of a gap and gap lengths (figure 1).
Discussion You mentioned at the last paragraph in the introduction that: The purpose of this study is to evaluate the quality of the hip capsule after capsular repair or unrepaired capsulotomy measured with MRI. (But you did not mention in your results section if you evaluate the capsular thickness although you mentioned in the discussion that In the paper of Weber et al symptomatic patients were evaluated with MRI after capsular repair 18. They reported that 1 year after surgery 92.5% of the repaired capsules remained closed and that the capsule was thickened at the site of the repaired capsulotomy compared to the unaffected contralateral hip capsule 18.)	Agreed, the use of the word: "quality" causes some confusion. We measured the integrity and/or the presence of a capsular defect. We adjusted this throughout the whole manuscript.
Last paragraph in the discussion: you discuss: Regarding labral repair there was a significant larger portion of patients with an intact capsule in the	This was mentioned in the last 2 sentences of the result section (subsection *Clinical characteristics and capsular defect)*

labral repair group. (But you did not mention in the results section about that?? Can you expalin!! Table 1:- Number of patients in the table is 29 (not 28!)??	There were 29 hips included in the study (28 patients/subjects). Of these 29 hips there were 13 in the repaired and 16 in the unrepaired group.

Science editor

The manuscript elaborated a study of capsular repair or unrepaired capsulotomy in hip arthroscopy. An interesting study with an accurate methodology. 1. However, is the author's sample size too small?.	The study mentioned before had 116 patients included and the current study only 29 hips. This was because only symptomatic patients with residual complaints received a MRI scan. Offcourse the small number of patients is a limitation of the current study as we describe in our limitations section.
2. I think the author should describe the preoperative clinical in more detail	Agreed. We added an extra table with preoperative HAGOS scores and the scores after 12 months follow-up.
3. It is unacceptable to have more than 3 references from the same journal.	We removed 1 reference from Frank et al having now reached the maximum of 3 refs from Am J Sports Med.