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## PEER-REVIEW REPORT

Name of journal: World Journal of Orthopedics

Manuscript NO: 68253

**Title:** Reliability of a Simple Fluoroscopic Image to Assess Leg Length Discrepancy during Direct Anterior Approach Total Hip Arthroplasty

Reviewer's code: 04762062

**Position:** Peer Reviewer

Academic degree: MD

Professional title: Academic Fellow, Postdoctoral Fellow, Research Fellow, Senior

Postdoctoral Fellow, Surgeon

Reviewer's Country/Territory: Germany

Author's Country/Territory: United States

Manuscript submission date: 2021-05-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-30 07:52

Reviewer performed review: 2021-07-01 06:20

Review time: 22 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	<ul> <li>[ ] Accept (High priority) [ ] Accept (General priority)</li> <li>[ ] Minor revision [ Y] Major revision [ ] Rejection</li> </ul>
Re-review	[ ]Yes [Y]No
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



## Baishideng **Publishing**

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statements

Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

Dear authors, thanks for allowing me to review your manuscript. I have several concerns with the manuscript since the pelvic x-ray is not reliable for the clinical findings. Therefore you have to examine patients and compare your findings with the clinical ones. Furthermore, you compare trial components intraoperatively with the real THA How big is the difference between trial components and final THA? postoperatively. observed difference preoperative and Have you any between plannings intra/postoperative findings? What about Intraoperative clinical comparison. Why external rotation? Don't you typically perform x-rays in internal rotation? Figure one cannot be used to identify the leg length. It seems that you have increased the offset Which components were used? According to my personal experience the massively. trial components are typically smaller than the real ones. Even if the leg length fit with the trial components the real ones may not suite. How about the contralateral arthritis stage? Do you want to even it or lengthen it slightly? Does the trauma cad measurements always match and represent the real leg lengths? Shouldn't be whole leg x-rays been performed? Figure 2 shows still a mismatch in offset. Additionally the x-ray is not centered. These x-rays are not helpful to predict the CCD, offset and leg length. In addition, you can see a slight discrepancy in the greater trochanter which should be about the same. I am not really sure, why 11 cases had to be removed, since this is an objective measurements. You do not need to use the middle of the lesser trochanter but can also the proximal or distal one There is no surprise that you observed a significant difference between teardrop and ischium. Discussion: In the results you mentioned that a significant difference was observed. So it is not reliable. You should compare the radiographic with the clinical outcome. How does the



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approach impact the measurements of LLD? I cannot imagine any differences between individual approaches and their impact on fluoroscopy not LLD. You mentioned that Bingham et al performed a similar study. So what is the difference to your study? Do not present new findings in the discussion section.