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PEER-REVIEW REPORT

Name of journal: World Journal of Orthopedics

Manuscript NO: 77335

Title: Effect of adjunctive platelet-rich plasma and hyaluronic acid injection after

arthroscopy debridement in Kellgren-Lawrence grade 3 and 4 knee osteoarthritis

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02565717 Position: Editorial Board Academic degree: MD, PhD

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Indonesia

Manuscript submission date: 2022-06-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-08 23:45

Reviewer performed review: 2022-06-19 06:15

Review time: 10 Days and 6 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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No



Baishideng **Publishing**

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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

The efficacy of PRP and HA in the management of late stage KOA (III,IV stage) remains controversial, this retrospective cohort study reported, for the first time, that PRP and HA after arthroscopy debridement was not superior to arthroscopy debridement alone in relieving osteoarthritis symptoms, however, PRP showed some advantages in pain relieving. However, there are several limitations: 1. as the author said, the number is too small, there are 7 cases in each group. According to the paper, 21 cases were retrospectively collected, how to guarantee 7 cases in each group? 2. In third paragraph of page 5, other injuries and medical conditions, such as meniscus tear, were not described and could potentially become confounding factors, this should be discussed before the conclusion. 3. Table 2, the baseline, 3 month, 5 month WOMAC, pain, stiff, and physical function scores should be used instead of P value. From the Fig 1-4, we do not know if the WOMAC, pain, stiffness, and physical function baseline scores are comparable.



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Peer-review model: Single blind

Reviewer's code: 05213310 Position: Editorial Board Academic degree: PhD

Professional title: Full Professor

Reviewer's Country/Territory: Saudi Arabia

Author's Country/Territory: Indonesia

Manuscript submission date: 2022-06-07

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-07-19 11:08

Reviewer performed review: 2022-07-19 11:48

Review time: 1 Hour

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



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

Please make the following changes: 1. Rewrite the title in light of the purpose of the paper, keeping it under 20 words. 2. Rewrite the study abstract to be more concise. 3. Highlight only the most important findings in the study abstract's results section. 4. Updating the introduction's references with recent references and clarifying the purpose of the study in the final paragraph of the introduction. 5. Expand the materails and method section and include the references cited in the study protocol. 6. To avoid errors, pay close attention to the flow of information in the results section. 7. The discussion section is written in a unique style. 8. Rewrite the conclusion section of the study. 9. Avoiding linguistic or typographical errors after incorporating the reviewers' proposed amendments.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05685371 **Position:** Peer Reviewer

Academic degree: MD, PhD

Professional title: Assistant Professor, Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Indonesia

Manuscript submission date: 2022-06-07

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-07-19 06:29

Reviewer performed review: 2022-07-27 18:01

Review time: 8 Days and 11 Hours

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



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

Thank you for providing a chance to review your manuscript. Overall, this is an interesting study that aimed to investigate whether additional treatment with PRP and HA after arthroscopy debridement provides better outcomes than arthroscopy debridement alone. This retrospective cohort study found that Arthroscopy debridement with PRP showed a significantly lower WOMAC pain score than arthroscopic debridement therapy 5 mo after the procedure, but there was no significant difference in WOMAC score among the three treatments. Neither treatment was superior in the ability to improve WOMAC score or knee OA symptoms. However, arthroscopy debridement with PRP was more promising than arthroscopy debridement in reducing pain. Overall, the paper is well-written, but major revisions are still needed: 1. According to guidelines, KL grade 4 is an indication for joint replacement. Why choose KL 3 and 4 in this study rather than KL 2 and 3? 2. There are too few evaluation indicators. It is recommended to use an imaging examination like MRI. And are there any adverse reactions? 3. In the abstract, Sub-items such as WOMAC stiff score of WOMAC total score need to be introduced separately 4. Are core statistics like p-values and t-values given specific values in the abstract and table? 5. The introduction section is not sufficient, and the authors should Briefly introduce the application of PRP and HA in the treatment of knee osteoarthritis. 6. What is the treatment process for PRP or HA? Whether the injection is during the operation or how long after the surgery? How many times PRP or HA are injected, the dose of the injection is not clear. 7. What is the specific definition of arthroscopy debridement? Please clarify, 8. Other injuries and medical conditions, such as meniscus tear, were not described and could potentially



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become confounding factors. Whether to consider covariance analysis? 9. KL grade and number of each group should be listed in Table 1. 10. The discussion section is relatively redundant, and the logic is not clear. It is recommended to delete irrelevant content and clarify the focus of the discussion. 11. This study has a small sample size. How the sample size is calculated? 12. Since the follow-up period is short, future research with a prospective cohort and a longer follow-up period is needed. 13. English expression and grammars need to be checked. Such as "To investigate whether additional treatment with PRP and HA after arthroscopy debridement provides better outcomes then arthroscopy debridement alone."