

Format for ANSWERING REVIEWERS



June 14, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 17236-review.doc).

Title: Systematic review of periprosthetic tibia fracture after total knee arthroplasties

Author: Nabil A Ebraheim, Joseph R Ray, Meghan E Wandtke, Grant S Buchanan, Chris G Sanford, Jiayong Liu

Name of Journal: *World Journal of Orthopedics*

ESPS Manuscript NO: 17236

The manuscript has been improved according to the suggestions of reviewers:

Comments To Authors -- ESPS Manuscript NO: 17236

Comments to Authors: The submitted manuscript, entitled “A systematic review of periprosthetic tibia fracture after total knee arthroplasties”, represents a literature search and study of the Pubmed and Web of Science databases. The title is referring directly to the problem at hand and the abstract is short but adequate. The Introduction is clear and with an incidence of periprosthetic fractures of about 1% - 2%, the authors focuses on the treatment method and the anatomical and functional outcome. Materials and Methods; The authors conducted a meta-analysis of periprosthetic tibia fractures after TKA and analyze the procedures used for treatment. Inclusion criteria were the following: a. Patient must have a fracture of the tibia and b. Patient must have undergone a total knee arthroplasty Results includes; classification based on the Felix classification system, causes of fractures where the present studies provide a direct cause for the fractures, diagnosis where the diagnostic methods have not yet standardized and treatment where the follow up pattern based on the subclass for the fracture. Discussion; is clear, adequate and covers the various aspects of the treatment of tibial periprosthetic fractures as they are presented in the present study. Failure rate for TKAs is about 20% after 20 years. The periprosthetic fractures of types 2 and 3 are much more common after a traumatic event. It seems as if the design of the prosthesis itself, as well as the procedure used to implant it, is not a major factor in the incidence of periprosthetic tibia fractures. Nevertheless there is a lack of data concerning the relation between the implant and periprosthetic fractures. Fractures described as compressed ones are not mentioned if occurred on the medial or lateral side. The amount of bone removal during the insertion of the prosthesis, depends on the type of the arthroplasty. On the other hand biomechanics of the joint are also depending on the type of the prostheses. If the surgeon follows exactly the directions of the constructor, then the amount of bone remove will be sufficient for the insertion of the prosthesis and the fracture risk will minimized. Nevertheless, this might be one of the reasons for the low incidence of periprosthetic tibia fractures, which in any case are rather

rare. Conclusions; This systematic review showed, most importantly, that there is very little data on periprosthetic tibia fracture. Finally conclusions are short, concise and accurate. References are including 16 published papers. The submitted manuscript in the present form needs to be organized in a better, clear and concise way and to include all published papers in the relevant literature.

Response: Thank you for your suggestions and comments. We have made our manuscript more clear, concise, and organized. We have tracked the changes for your reference. We would be more than happy to make further changes if necessary.

Comment 1: Please write a summary of less than 100 words to outline the most innovative and important arguments and core contents in your paper to attract readers.

Response 1: Thank you for your suggestion, we have made the core tip and have placed it in the suggested position.

Comment 2: In order to attract readers to read your full-text article, we request that the first author make an audio file describing your final core tip. This audio file will be published online, along with your article. Please submit audio files according to the following specifications:

Acceptable file formats: .mp3, .wav, or .aiff

Maximum file size: 10 MB

To achieve the best quality, when saving audio files as an mp3, use a setting of 256 kbps or higher for stereo or 128 kbps or higher for mono. Sampling rate should be either 44.1 kHz or 48 kHz. Bit rate should be either 16 or 24 bit. To avoid audible clipping noise, please make sure that audio levels do not exceed 0 dBFS.

Response 2: Thank you for your comment. We have made an audio clip of the corresponding core tip.

Comment 3: Please revise your **Heading 1** like this.

Response 3: Thank you for your comment; we have made the changes to the format of our headings.

Comment 4: The format should be like this. Please revise. Thank you!

Response 4: Thank you for your suggestion, we have re-formatted the citations accordingly.

Comment 7: Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Please revise throughout. For those references that have not been indexed by PubMed, a printed copy of the **first page** of the full reference should be submitted.

PMID (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed>)

DOI (<http://www.crossref.org/SimpleTextQuery/>) (Please begin with DOI: 10.**)

Response 7: Thank you for your suggestions, we have added this information into the reference section when possible.