

List of Actions

LOA1: Title has been revised : Candidal periprosthetic joint infection after primary total knee arthroplasty combined with ipsilateral intertrochanteric fracture: a case report

LOA2: Abstract has been shortened.

Abstract

Fungal periprosthetic joint infections are rare in total knee arthroplasty. Due to atypical early clinical signs and lack of specificity in laboratory examination, fungal periprosthetic joint infections are difficult in early diagnosis. If other fractures occur in concurrence with the fungal infection, management of such cases is further complicated. We report a case of Candidal periprosthetic joint infection complicated by ipsilateral intertrochanteric fracture following total knee arthroplasty. We highlight removal of the prosthesis, exhaustive debridement, and arthrodesis after effective antifungal therapy to control the infection. Ipsilateral intertrochanteric fractures of the affected knee can be safely fixed with internal fixation if the presence of existing infection can be excluded by clinical investigation and inflammatory markers.

LOA3: “The case was treated with prosthesis removal, two-stage debridement and bone cement spacer and finally knee arthrodesis. The antifungal drugs were used for 3 months after the second debridement surgery. The intertrochanteric fracture was fixed with Proximal Femoral Nail Anterotation (PFNA) internal fixation during the antifungal period.” has been deleted.

LOA4: “a sinus effusion” have be corrected into “a sinus discharge”.

LOA5: “Currently, the etiology of fungal infection remains unclear” have be changed into “Currently, the trigger of fungal infection remains unclear”

LOA6: “To the best of our knowledge, there are no reports of cases with fungal PJI combined with an ipsilateral intertrochanteric fracture.” have been deleted.

LOA7: Two references have been added and the citation sequence has been adjusted.

4. Azzam K, Parvizi J, Jungkind D, Hanssen A, Fehring T, Springer B, Bozic K, Della Valle C, Pulido L, Barrack R, Microbiological, clinical, and surgical features of fungal prosthetic joint infections: a multi-institutional experience. J Bone Joint Surg Am. 2009; 91 Suppl 6:142-149[PMID: 19884422 DOI: 10.2106/JBJS.I.00574]

7. Riaz T, Tande AJ, Steed LL, Demos HA, Salgado CD, Osmon DR, Marculescu CE. Risk Factors for Fungal Prosthetic Joint Infection. J Bone Jt Infect. 2020;5:76-81. [PMID: 32454521 DOI: 10.7150/jbji.40402]

LOA8: The manuscript was revised for language and typos.

LOA9: The approved grant approval documents have been uploaded.

LOA10: The original figure documents have been uploaded in a PowerPoint file.

Responds to the reviewer's comments:

We would like to thank the reviewers for their insightful and thorough comments and suggestions, aiding us in improving our manuscript. In the following section, we quote the specific comments of the reviewers and provide our efforts to address these concerns and suggestions.

Reviewer #1:

1. *Title The infection is due to candida, therefore it is better to mention in the title as candidiasis instead of fungal infection: (Candidal periprosthetic joint infection....)*
2. *Abstract The abstract is too long that should be reduced with inclusion only significant information.*
3. *INTRODUCTION The last paragraph in the Introduction should include only the aim of case report while most other information should be transmitted to case presentation. The following statements should be removed from the last part of the Introduction: (The case was treated with prosthesis removal, two-stage debridement and bone cement spacer and finally knee arthrodesis. The antifungal drugs were used for 3 months after the second debridement surgery. The intertrochanteric fracture was fixed with Proximal Femoral Nail Anterotation (PFNA) internal fixation during the antifungal period.)*
4. *CASE PRESENTATION "a sinus effusion" should be corrected into "a sinus discharge" There is no information in regard to first and second knee aspiration after three months following TKA. There should be details about the investigations that have been performed on knee aspirates. Before proceeding to treatment section, identification of the causative agent has to be mentioned comprehensively.*
5. *DISCUSSION The following statement is required modification: "Currently, the etiology of fungal infection remains unclear" should be changed into "Currently, the trigger of fungal infection remains unclear". The following declaration is inappropriate because the accidental fracture is unrelated to knee fungal infection: "To the best of our knowledge, there are no reports of cases with fungal PJI combined with an ipsilateral intertrochanteric fracture."*

Response:

We would like to thank the reviewers for their insightful and thorough comments and suggestions, aiding us in improving our manuscript.

1. The title has been revised according to the suggestion of the reviewer. See LOA1
2. The unnecessary contents in the abstract have been removed. See LOA2
3. Redundant content in the introduction part have been removed. See LOA3
4. "a sinus effusion" have been corrected into "a sinus discharge". See LOA4
5. Proper modifications have been made in discussion part. See LOA5 and LOA6

Science Editor:

1 Scientific quality: The manuscript describes a case report of the Fungal periprosthetic joint infection after primary total knee arthroplasty combined with ipsilateral intertrochanteric fracture. The topic is within the scope of the WJCC. (1) Classification: Grade C; (2) Summary of the Peer-Review Report: The scientific quality of this case report is good. The questions raised by the reviewers should be answered; and (3) Format: There are 8 figures. A total of 10 references are cited, including 4 references published in the last 3 years. There are no self-citations. 2 Language

evaluation: Classification: Grade C. No language editing certificate was provided. 3 Academic norms and rules: The authors provided the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, and the written informed consent. No academic misconduct was found in the CrossCheck detection and Bing search. 4 Supplementary comments: This is an unsolicited manuscript. The study was supported by Army Medical University of PLA and State Key Laboratory of Trauma, Burns and Combined Injuries. The topic has not previously been published in the WJCC.

5 Issues raised: (1) The language classification is Grade C. Please visit the following website for the professional English language editing companies we recommend; (2) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s); and (3) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor: 6 Re-Review: Required. 7 Recommendation: Conditional acceptance.

Response:

1. The corresponding author Dr. Yang Li used to worked as the staff officer in United Nations. He has the UN language certification and his working language is English. The final version of the manuscript following the suggested revisions was reviewed by our co-author Dr. Tomer Talmy who is a native English speaker. Grammatical and spelling errors were corrected as deemed necessary. So, we think there's no need for further language polishing service for the manuscript. See LOA7 and 8



2. The approved grant approval documents have been uploaded. See LOA9
3. The original figure documents have been uploaded in a PowerPoint file. See LOA10

Editorial Office Director

I have checked the comments written by the science editor. The author provided a wrong language editing certificate.

Response:

The corresponding author Dr. Yang Li used to worked as the staff officer in United Nations. He has the UN language certification and his working language is English. The final version of the manuscript following the suggested revisions was reviewed by our co-author Dr. Tomer Talmy who

is a native English speaker. Grammatical and spelling errors were corrected as deemed necessary. So, we think there's no need for further language polishing service for the manuscript.



Company Editor-in-Chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". The author(s) must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

Response:

We have made a significant effort towards improving this manuscript on the basis of the valuable comments and suggestions made by the reviewers quoted above. While these changes improve upon the originally submitted manuscript, they will not influence the content and framework of the paper.

The final version of the manuscript following the suggested revisions was reviewed by our co-author Dr. Tomer Talmy who is a native English speaker. Grammatical and spelling errors were corrected as deemed necessary.

We appreciate the editors and reviewers' earnest work in reviewing this paper, and are hopeful that the revision will meet with approval.

Once again, thank you very much for your comments and suggestions.