Dear Editor,

Thank you for your letter and advice on our manuscript entitled “A New Treatment of Patellar Instability after Total Knee Arthroplasty: A Case Report and Literature Review”. Accordingly, we have revised the manuscript. All amendments are highlighted in red in the revised manuscript. In addition, point-by-point responses to the comments are listed below this letter. All answers were written in bold text.

We hope that the revision is acceptable for publication in your journal.

Yours sincerely,

The Authors

Replies to Reviewer #1:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Minor revision
Specific Comments to Authors: It is a interesting case report and not usual after total knee arthroplasty.
Response: Thank you for your positive feedback on our study.

Usually the main complication after TKA is stiffness of the patellofemoral and not instability or dislocation.
Response: We agree that patellofemoral stiffness is the main complication after TKA, not instability or dislocation. Accordingly, we have revised the manuscript to state patellar instability is an uncommon complication after TKA (Line 26 and 41).

The main question for me is to make the readers understand why you decided to performed that new technique and not for example restoration of medial retinaculum with patella resurfacing. The other points for revision are minor. Very good work (discussion session).
Response: Thank you for your constructive comments. In this patient we adopted a new technique because we found rupture of the vastus medialis, damage to the patella articular cartilage, and osteophyte formation in the lateral patellar. In addition, the patella was small and thin; therefore, patellar resurfacing may have led to fracture.[1] Therefore, we reconstructed the vastus medialis, partially resected the lateral patella, released the lateral retinaculum, and restored functional patellar tracking.

Reference: [1] Lie D T T,Gloria N,Amis A A et al. Patellar resection during total knee arthroplasty: effect on bone strain and fracture risk.[J] .Knee Surg Sports Traumatol Arthrosc, 2005, 13: 203-8.

Line 26：It is not a common complication, it is not scarce problems and pain from patella after TKA, but it is not common. Please rephrase the sentence.

Response：We agree with the reviewers and rewrite sentence as "Patellar instability is an uncommon complication after total knee arthroplasty (TKA)."

Line 31：Was there any injury? It is not referred afterwards. It is better to change into

complication.

Response：Thank you for your advice. We have changed "injury" to "complication" in the revised manuscript.

Line 41: As referred before.

Response: We thank the reviewer for your suggestions. And rewrite as "Patellar instability is an uncommon complication after TKA".

Line 59: Are rare or has not reported till today.

Response: Thanks for your thoughtful suggestion. We have rewritten the sentence as follows:

Reports describing management of patellar instability after TKA using partial lateral patella facetectomy (LPF) with lateral retinaculum release has not reported till today.

Line 71: (Figure 1)

Response: We thank the reviewer for your suggestions. We have corrected it in the revised manuscript.

Line 75: It is "no thumb technique"

Response: We agree with the reviewers and rewrite it accordingly.

Line 101: You should refer if there were erosion of the cartilage and destroy of the lateral part of the patella, otherwise why it was not performed medial reconstruction with patella resurfacing.

Response: Thanks for your thoughtful suggestion. We have added this important information to the revised manuscript as follows:

Line 98-99：During surgery, we found rupture of the vastus medialis, damage to the patella articular cartilage, and osteophytes formation in the lateral patellar (Fig. 3). In addition, the patella was small and thin and not suitable for patellar resurfacing.

Line 119: Again please explain why you took that decision and not another surgical option already described.

Response: Thank you for your constructive comments. In this patient we adopted

a new technique because we found rupture of the vastus medialis, damage to the patella articular cartilage, and osteophyte formation in the lateral patellar. In addition, the patella was small and thin; therefore, patellar resurfacing may have led to fracture.[1] Therefore, we reconstructed the vastus medialis, partially resected the lateral patella, released the lateral retinaculum, and restored functional patellar tracking.

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