

Arthroscopic versus open ankle arthrodesis: a prospective case series with seven years follow-up

Dear Editor and Reviewer,

Many thanks for your expert comments and helpful advice regarding our manuscript. We have found these comments invaluable in enabling us to significantly improve the article.

Please find our detailed responses to the reviewer's comments below.

Science Editor; Peer Reviewer; Company Editor-in-Chief's comment to the Authors:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Orthopedics, 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.

Authors' comment:

We thank the Editor for the positive comments.

Author; Science Editor; Peer Reviewer's comment to the Authors:

1 Scientific quality: The manuscript describes a prospective study of the arthroscopic vs open ankle arthrodesis. The topic is within the scope of the WJO. (1) Classification: Grade D and Grade C; (2) Summary of the Peer-Review Report: This study compared the outcomes of open and arthroscopic ankle arthrodesis in patients with end-stage ankle osteoarthritis. Generally, this is a pretty interesting study. It has relevance to sufficient clinical practice. However, there are a few concerns that need to be addressed: The sample sizes were relatively small. Seventeen patients were excluded from further analysis and 7 patients with incomplete clinical follow-up. There were too many patients that were lost in follow-up. The included cases might not represent the target population completely. It is better to add some X-rays of typical patients. The questions raised by the reviewers should be answered; and (3) Format: There are 2 tables. (4) References: A total of 37 references are cited, including 3 references published in the last 3 years; (5) Self-cited references: There are no self-cited references; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade B and Grade B. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, the Institutional Review Board Approval Form, Clinical Trial Registration Statement, and CONSORT 2010 Statement. Written informed consent was waived. No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. The topic has not previously been published in the WJO. The corresponding author has not published articles in the BPG. 5 Issues raised: The author should number the references in Arabic numerals

according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces. 6 Re-Review: Not required. 7 Recommendation: Conditionally accepted.

Authors' comment: Thank you for your review. The small sample size is a limitation of this study as we clearly stated in the manuscript. Patients lost during follow-up is related to the long follow-up time and it has been added as a study limitation. We fixed the reference numbers and order. We added X-Rays and we answered all the questions raised by reviewers. We are open to further improvements of our manuscript, and we thank you again for the opportunity of being considered by your Journal.

Reviewer's 1 comment to the Authors:

This study compared the outcomes of open and arthroscopic ankle arthrodesis in patients with end-stage ankle osteoarthritis. It has been found that both treatments are valid and safe, and that the arthroscopic procedure shows faster improvements in the medium term. It is also worth noting that the group treated with the arthroscopic procedure in the medium-term control had a shorter hospital stay and a better union rate. Generally, this is a pretty interesting study. It has relevance to sufficient clinical practice. However, there are a few concerns that need to be addressed:

Authors' comment: Thank you for your positive review of the manuscript. We addressed all your concern as it follows:

1. The sample sizes were relatively small.

Authors' response: Thank you for your comment. The sample size of only 23 patients available for final follow-up is certainly small; this consideration was presented in the manuscript as a limitation of the study.

2. Seventeen patients were excluded from further analysis and 7 patients with incomplete clinical follow-up. There were too many patients that were lost in follow-up. The included cases might not represent the target population completely.

Authors' response: Thank you for helping us to clarify this point. From the initial sample of 40 patients, only 23 were available at final follow-up, in particular 10 patients did not meet inclusion criteria, and 7 were lost to follow-up. This is certainly a relevant percentage of participants and could be explained by the long follow-up time. However, this can be considered a limitation in representing the target population. It has been added as a limit of the study in the manuscript.

3. It is better to add some X-rays of typical patients.

Authors' response: Thank you for your suggestion. We added images to the article.

Reviewer's 2 comment to the Authors:

The authors reported the comparative study about open vs. arthroscopic ankle arthrodesis. The study is very interesting for readers, but this study is inherently problematic as a comparative study, because the indication for surgical management was totally different. Open surgery was performed for severe deformity, and arthroscopic technique was used for minor ankle alignment. Unfortunately, for scientific value, it only reports two case series. Basically, the manuscript is well written and easily to understand for readers. But this paper needs some modifications.

Authors' comment: Thank you for your review of the article. It is hard to perform arthroscopic surgery for a severe deformity of the ankle so that open surgery is often the best choice for that kind of ankle arthrosis. The focus of the article was to show the clinical results of ankle arthrodesis at a long-term follow-up. In that regard comparing the 2 techniques has the objective of demonstrating how to achieve similar good results while having different surgical approaches.

1. Numbers should be rounded to two decimal places. For examples,
 $67.00 \pm 2.55 >>> 67.0 \pm 2.6$

Authors' response: We thank the reviewer for this suggestion. Numbers have been rounded to two decimal places in the manuscript and in tables.

2. I believe that we should not use ns, because you did not prove it. We can only say that p is not under 0.05. So, you can describe $p=0.593$, etc.

Authors' response: The "n.s." has been replaced with p-values. Thanks for your suggestion.

3. I am concerned about capitalization. X-Ray>X-ray Authors>authors Score>score
significative>significant both group> both groups consist in>consist of.

Authors' response: Thank you for helping us to improve readability of the manuscript. Corrections in text were made, as suggested.