

## PEER-REVIEW REPORT

Name of journal: World Journal of Orthopedics

Manuscript NO: 70583

Title: Integrity of the hip capsule measured with MRI after capsular repair or unrepaired

capsulotomy in hip arthroscopy

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05673070 Position: Peer Reviewer

Academic degree: BM BCh, MD, PhD

**Professional title:** Professor

Reviewer's Country/Territory: Egypt

**Author's Country/Territory:** Netherlands

Manuscript submission date: 2021-08-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-17 11:32

Reviewer performed review: 2021-08-20 12:12

**Review time:** 3 Days

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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

Reviewer's Code: 05673070 Manuscript NO: 70583 The importance of the hip capsule and its effect on hip biomechanics, functional outcomes, and hip arthroscopy success rates has been demonstrated in recent studies. an increasing number of surgeons routinely perform complete capsular closure. Biomechanical studies using cadaveric models have demonstrated that complete capsular closure restores hip distraction, rotation, and extension forces back to the native, intact state. Additionally, capsular closure by plication results in quantifiable intraarticular volume reduction, which increases hip stability, particularly in cases of patulous capsule and hypermobility. Clinical studies have demonstrated superior patient-reported functional outcomes and decreased failure rates when undergoing hip arthroscopy with comprehensive capsular management for femoroacetabular impingement surgery. Materials and methods Study design and participants 1-These MRI scans were independently evaluated for capsular quality by N.B and D.H to assess inter observer reliability. (What do you mean by N.B and D.H?) 2-You did not mention the number of patients in each group! And if there were indication for repair in the repaired group? Capsular quality assessment on MRI 1-Capsular thickness and quality were measured on proton weighted density sequence in the coronal plane: (1-It is better to mention the type of MRI machine and type of image (T1 or T2) used in the study.2- You did not mention how did you measure the capsular thickness!!). 2-The definition of a capsular defect was described by Weber et al; being any visual disruption of the iliofemoral ligament or any appearance of communication between the joint and the iliofemoral bursa seen with contrast. (You did not mention that you use contrast in the methods section!) 3-Furthermore, we measured



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2 parameters: gap length on the acetabular side and the gap length on the muscular side of the defect. (Better to add drawing showing the way of measurement) Discussion You mentioned at the last paragraph in the introduction that: The purpose of this study is to evaluate the quality of the hip capsule after capsular repair or unrepaired capsulotomy measured with MRI. (But you did not mention in your results section if you evaluate the capsular thickness although you mentioned in the discussion that In the paper of Weber et al symptomatic patients were evaluated with MRI after capsular repair 18. They reported that 1 year after surgery 92.5% of the repaired capsules remained closed and that the capsule was thickened at the site of the repaired capsulotomy compared to the unaffected contralateral hip capsule 18. ) Last paragraph in the discussion: you discuss: Regarding labral repair there was a significant larger portion of patients with an intact capsule in the labral repair group. (But you did not mention in the results section about that?? Can you expalin!! Table 1:- Number of patients in the table is 29 (not 28!)??



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Reviewer's code: 05542838 Position: Peer Reviewer Academic degree: MD

Professional title: Academic Fellow, Doctor, Surgeon

Reviewer's Country/Territory: Italy

**Author's Country/Territory:** Netherlands

Manuscript submission date: 2021-08-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-18 09:35

Reviewer performed review: 2021-09-05 00:20

**Review time:** 17 Days and 14 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 statements

Peer-Review: [Y] Anonymous [] Onymous

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

## SPECIFIC COMMENTS TO AUTHORS

Specific Comments To Authors: The manuscript "Quality of the hip capsule measured with MRI after capsular repair or unrepaired capsulotomy in hip arthroscopy" is a case series that analyzes with MRI imaging the quality of the hip capsule after repair or non-repair post hip arthroscopy. The idea of the study proposed by the authors is to be appreciated, even the methodology of the study is correct and is well written for language. There are some limitations that lower the validity of the study, such as the small sample size and the short follow-up. There are a number of problems to address before thinking about a publication in this journal: - Provide more preoperative clinical details on patients (what were the patients' preparatory diagnoses? Hip function? Providing scores, for example HHS ...) - Correlation between the post-operative imaging MRI data and the patients' clinic (here too it would be interesting and useful to provide post-operative clinical and functional scores) - Integrate with further imaging of other patients.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's code: 05542838 Position: Peer Reviewer Academic degree: MD

Professional title: Academic Fellow, Doctor, Surgeon

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** Netherlands

Manuscript submission date: 2021-08-10

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2022-01-06 12:33

Reviewer performed review: 2022-01-10 07:20

**Review time:** 3 Days and 18 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] 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) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [ ] Anonymous [Y] Onymous



statements

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

## SPECIFIC COMMENTS TO AUTHORS

The authors responded satisfactorily to the reviews. Acceptable for publication.