

# PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 75538

Title: Early patellar tendon rupture after total knee arthroplasty: A direct repair method

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

Reviewer's code: 06185293 Position: Peer Reviewer

Academic degree: FCPS, MBBS, MS

**Professional title:** Director, Surgeon

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2022-02-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-18 06:21

Reviewer performed review: 2022-03-07 07:53

**Review time:** 17 Days and 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [ ] Minor revision [ Y] Major revision [ ] Rejection
Re-review	[Y]Yes []No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous



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

#### SPECIFIC COMMENTS TO AUTHORS

The article is based on the direct repair method of early patella tendon rupture after total knee arthroplasty. The primary aim of this study is to introduce a direct repair method for early patella tendon rupture following TKA and determine the clinical outcomes and complications of this method. The study showed unsatisfactory clinical results in this group of patients and found that it was ineffective for the recovery of knee joint function in patients. Suggested that direct repair was not the preferred method to treat early patella tendon rupture, but should boldly choose other reconstruction methods. The manuscript does not describe the background and present status. significance of the study is not mentioned clearly. · Inclusion and Exclusion criteria of the study is not The methodology section is not clear as mentioned "Mean mentioned. · follow-up was 5.7 years" for what? Is it for TKA patients or for patients with patellar tendon rupture? · Please Explain the rationales of the study in greater details · The objectives of the study need to be explained in brief in the abstract · Outcomes assessment may be included · Hypotheses of the study was not stated. · The methodology section is written in the future tense. · Grammatical corrections are required. • From the result section unable to understand the outcome of the study. Introduction - The aim of the study should be one. Please change the secondary aim to the objective of the study. (line no 137-139) · Methodology - Please check the grammar and paraphrase as required · Results - Explain the demographic details and major factors affecting it. Mention the clinical complications in the Follow up not defined in sufficient detail. study. • The caption of the



figure-1 is not cleared rephrase it. • In figure 2 draw the arrow to mention the titanium cable(C) in the broken knee joint and the broken titanium cable punctured the skin to form a sinus.



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Peer-review model: Single blind

Reviewer's code: 05491705 Position: Peer Reviewer

**Academic degree:** MSc, PhD

Professional title: Assistant Professor, Director, Physiotherapist

Reviewer's Country/Territory: Greece

Author's Country/Territory: China

Manuscript submission date: 2022-02-04

Reviewer chosen by: Jia-Qi Zhu

Reviewer accepted review: 2022-04-18 23:25

Reviewer performed review: 2022-04-24 22:04

**Review time:** 5 Days and 22 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 [ ] Grade B: Minor language polishing [ Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ Y] Minor revision [ ] Major revision [ ] Rejection
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### SPECIFIC COMMENTS TO AUTHORS

This is an interesting study of a relatively uncommon complication following TKA (patellar tendon rupture). Authors chose to examine the results of a common surgical approach, as they state that there is no consensus in dealing with such a post-surgical complication following TKA. The methodological procedure followed was that of a retrospective case series study of a rather small sample size. The outcome measures used were all relevant and they were appropriately used. All repairs concerned early rupture cases and three of those were early re-ruptures. In my opinion, the 12 cases that the paper describes were all very hard to re-operate on and perhaps similar results would have been obtained with other surgical approaches as well. It is not clear whether combining early physical therapy (even with maintenance of the no flexion principle for 6 weeks), however with introduction of mild electrical stimulation for quadriceps activation and perhaps having a positive effect on the extensor lag as well. Also, some introduction of carefully applied progressive lower limb loading may have offered some additional functional benefit in these patients. The authors should comment on this issue, as the main concern of this paper seems to be to directly compare the results of this study with other studies that have used different surgical methods, although they all had small sample sizes. Illustrations and tables were all appropriate. Specific comments Lines 118 & 173: Replace the word 'fracture' with 'rupture'. Lines 182-185: Please provide reference(s) for the immobilization period used and for participants of this age.



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**Peer-review model:** Single blind

Reviewer's code: 03999237 Position: Peer Reviewer Academic degree: MS

**Professional title:** Professor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2022-02-04

Reviewer chosen by: Jia-Qi Zhu

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Reviewer performed review: 2022-05-04 10:11

**Review time:** 12 Days and 7 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 [ ] Grade B: Minor language polishing [ Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ Y] Major revision [ ] Rejection
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Conflicts-of-Interest: [ ] Yes [Y] No

### SPECIFIC COMMENTS TO AUTHORS

Good study and data Needs language and presentation improvement Line 153 man not 1 men Line 177-184 Titanium cable was used with cable clamps Was there any advice/plan for the removal of these tension reduction Tension reduction wires can be applied with SS wires also and meant for protection upto 3-4 months. They are ideally removed after mobilisation till 90 degrees or 3- 4months post op otherwise they tend to break and cause tissue irritation. Line 206 -208 The patient with postoperative early patellar tendon rupture underwent primary knee arthroplasty because of right knee osteoarthritis, and underwent 4 operations because of postoperative complications after primary TKA Please mention the reasons for 4 surgeries after TKA Line 210 onwards The patient suffered from patellar tendon rupture due to trauma, and was treated with suture anchor repair technique in the other hospital (Fig. 4-A). However, a large amount of exudation occurred in the knee incision after operation, so open irrigation, debridement, liner exchange was performed, but the knee was painful and had poor flexion. A few months later, the patient was treated with open reduction and this direct repair (Fig. 4-B). Unfortunately, the titanium cable in the A few months later – exact duration. Direct repair after few months after debridement any problems with direct repair. Was tendon quality good , if repair of sub optimal tissue done, were the results compromied Recommendation - use of hamstrings graft as augmentation. The methods, discussion, and conclusion needs improvement and more specific details Needs to more specific in recommendations regarding possible method for reconstruction End to end repair is not an ideal option Augmentation with hamstrings should be considered Good data needs to be presented better and a suitable conclusion and recommendation given



### RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Peer-review model: Single blind

Reviewer's code: 03999237 Position: Peer Reviewer Academic degree: MS

**Professional title:** Professor

Reviewer's Country/Territory: India

Author's Country/Territory: China

**Manuscript submission date:** 2022-02-04

Reviewer chosen by: Li-Li Wang

Reviewer accepted review: 2022-07-30 00:54

Reviewer performed review: 2022-07-31 01:18

**Review time:** 1 Day

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 [ ] Grade B: Minor language polishing [ Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ Y] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous  Conflicts-of-Interest: [ ] Yes [Y] No



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# SPECIFIC COMMENTS TO AUTHORS

the whole manuscript needs extensive grammar and english correction although the comments have been addressed the paper requires editing and language correction