ANSWERING REVIEWERS:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors:

I would firstly like to compliment the Authors for their article, which summarizes evidence on a very relevant topic. I have gone through the paper with great attention and interest. I have made recommendations in favor of publication after minor revisions.

- The article is overall well written and structured. Good English.

- I would modify the title, adding some more hints of what it is about

Answer: We propose the following tittle: "An Overview of The Anterolateral Complex of the Knee"

- I would reword the first introduction paragraph, particularly the first line ("of this structure ???...")

Answer: the first line of the introduction was modified: "The initial description of the anterolateral complex of the knee is attributed to various authors, and the anatomical details of the so-called anterolateral ligament of the knee have changed according to the historical context of each century."

- Is the referencing at the end of the first introduction paragraph comprehensive? I am just not sure...

Answer: we have chosen 2 references to support the information given in the first paragraph of the introduction.

- Further referencing is needed between reference 5 and the aim. These authors' statements are summerised in a couple of already published papers. I would suggest adding the following 3 references here: 1) Anterior cruciate ligament reconstruction with lateral extra-articular tenodesis reduces knee rotation laxity and graft failure rate: A systematic review and meta-analysis. J Orthop Surg (Hong Kong). 2022 Jan-Apr;30(1):10225536221095969. doi: 10.1177/10225536221095969. PMID: 35465765. 2) Over the top anterior cruciate ligament reconstruction in patients with open physes: a long-term follow-up study. Int Orthop. 2020 Apr;44(4):771-778. doi: 10.1007/s00264-020-04490-4. Epub 2020 Jan 28. PMID: 31993711. 3) Lateral Extra-articular Tenodesis Reduces Rotational Laxity When Combined With Anterior Cruciate Ligament Reconstruction: A Systematic Review of the Literature. Arthroscopy. 2015 Oct;31(10):2022-34. doi: 10.1016/j.arthro.2015.04.089. Epub 2015 Jun 24. PMID: 26116497.

Answer: References were added to the manuscript. Thank you very much for this contribution.

- I would further clarify the aims, possibly adding some clinical implications or further reasons why this paper could be relevant for the surgeons dealing with such type of injuries.

Answer: The following sentence was included: "It is intended to inform readers on the most current approaches to help improve patient outcomes following an ACL injury and subsequent reconstruction."

- The anatomy sections is well written and organized

- Do the authors mean "xradiographs" or "plain films" when they name a paragraph "Radiology"? Please also add more relevant information (if existing)
Answer: Radiology was changed by “xradiographs”

- Please add the following relevant references after ref. 37-38 (...Marcacci...): 1) Over-the-top ACL reconstruction yields comparable outcomes to traditional ACL reconstruction in primary and revision settings: a systematic review. Knee Surg Sports Traumatol Arthrosc. 2019 Feb;27(2):427-444. doi: 10.1007/s00167-018-5084-2. Epub 2018 Aug 4. PMID: 30078121. 2) Return to sport activity after anterior cruciate ligament reconstruction in skeletally immature athletes with manual drilling original all inside reconstruction at 8 years follow-up. Acta Orthop Traumatol Turc. 2016 Dec;50(6):635-638. doi: 10.1016/j.aott.2016.03.006. Epub 2016 Nov 3. PMID: 27817976; PMCID: PMC6197601.
Answer: References were added to the manuscript. Thank you very much for this contribution.

- I believe a discussion section would be recommended. It would add relevance to the paper, discussing clinical implications and possibly highlighting the strengths of the article, what are current research's directions, etc... Alternatively, I would make the according changes to the conclusion section. - Please add limitations of the article.
Answer: The manuscript was written following the guidelines for minireview articles. The conclusion section includes everything the reviewer proposed.

- Supplemental material is appropriate

- I believe not much than the above could be done, as this is meant to be a mini-review, hence scientific relevance aims are limited.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors:

- The author may cite this article in the introduction section to stengthen the background: Santoso A, Anwar IB, Sibarani T, Soetjahjo B, Utomo DN, Mustamsir E, Budhiparama NC. Research on the Anterolateral Ligament of the Knee: An Evaluation of PubMed Articles From 2010 to 2019. Orthop J Sports Med. 2020 Dec 29;8(12):2325967120973645.

Answer: Reference was added to the manuscript. Thank you very much for this contribution.

- Table 1: To establish a scoring system for a surgical treatment need some research and validation research. As this article is a minireview, It is suggested to change the content this table just a list of possible indication for anterolateral reconstruction.

Answer: Table 1 and management of anterolateral injuries section were modified: "Based on the risk factors for graft failure and the indications suggested in the available evidence, table 1 shows a list of 14-criteria divided into major and minor criteria to be consider when evaluating the need for performing a lateral tenodesis or ALL reconstruction procedures".

- Table 1: How to decide that a score of more than 10 is indicated for anterolateral reconstruction? Is there any research for this?

Answer: The scoring system was modified based on the previous comment.

- The author may add some data of the outcome anterolateral reconstruction from the recent research reports.

Answer: the following sentence was included in the surgical technique section: "Three recent systematic reviews with meta-analyses including only comparative studies have shown that the addition of a lateral extra-articular tenodesis procedure to an ACL reconstruction has been found to reduce rotational laxity control, but has no effect on anterior translation or patient-reported outcomes."