

PEER-REVIEW REPORT

Name of journal: World Journal of Orthopedics

Manuscript NO: 84693

Title: Excision of trochanteric bursa during total hip replacement. Does it reduce the

incidence of post-operative trochanteric bursitis?

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02695012 Position: Peer Reviewer

Academic degree: FRCS (Hon)

Professional title: Surgeon, Doctor

Reviewer's Country/Territory: Australia

Author's Country/Territory: United Kingdom

Manuscript submission date: 2023-03-24

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-04-17 19:26

Reviewer performed review: 2023-04-17 19:42

Review time: 1 Hour

	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C:
Scientific quality	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair
this manuscript	[] Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair [] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing [] 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
Peer-reviewer statements	Peer-Review: [] Anonymous [Y] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

My major concern here is the way you identified post THR Trochanteric Bursitis. This condition typically presents to and is managed in primary care. The observed rate of 0.5% supports that only a small proportion of cases with post THR TB were brought to the attention of secondary care. This does not necessarily detract from your core finding but perhaps it should be qualified that bursal excision does not alter the incidence of severe TB presenting to secondary care. Whilst mentioned in the discussion this limitation should be expanded upon. The 0.5% figure probably does not represent the true incidence in your population and this must be made clear. Alternatively you could identify a sufficiently sized subgroup in whom you could electronically interrogate the primary care dataset for post THR TB do test your core hypothesis.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05708765 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: United Kingdom

Manuscript submission date: 2023-03-24

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-04-27 07:10

Reviewer performed review: 2023-05-03 15:31

Review time: 6 Days and 8 Hours

	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C:
Scientific quality	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No novelty
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SPECIFIC COMMENTS TO AUTHORS

The hypothesis around the manuscript is if excision of trochanteric bursa during THA reduces the incidence of trochanteric bursitis after surgery. To my knowledge, this is the first time this phenomena is investigated and I found it truly interesting. Even though this is a retrospective study with a considerable loss of patients at follow-up, the results are clear about that bursectomy doesn't prevent the problem but it may be a solution for patiens already suffering from this condition. I don't have any major comments. The paper is well written, hypothesis and methods are clear, conclusions are focused and summarize the results. Limitations (retrospective type of study and drop at follow-up) are well stated.