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ESPS Peer-review Report

Name of Journal: World Journal of Orthopedics

ESPS Manuscript NO: 4060

Title: Anterior Plating in Ankle Arthrodesis

Reviewer code: 00467049

Science editor: Gou, Su-Xin

Date sent for review: 2013-06-18 10:26

Date reviewed: 2013-06-19 15:07

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is an interesting report an ankle arthrodesis woth being published. it gives information about fixation with synthes tomofix plates reporting the results of 28 patients.



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ESPS Peer-review Report

Name of Journal: World Journal of Orthopedics

ESPS Manuscript NO: 4060

Title: Anterior Plating in Ankle Arthrodesis

Reviewer code: 02444720

Science editor: Gou, Su-Xin

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Date reviewed: 2013-06-23 08:38

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors present an interesting study concerning anterior plating for ankle fusion using two different types of plates. The authors conclude that anterior plating is a successful alternative with the advantageous ability to cease non-weight bearing at six weeks postoperatively as a routine. The topic is relevant and the manuscript is written quite well. However, there are several aspects which have to be revised: 1. Numbers of pages are not provided, which makes reviewing the manuscripts not easier! 2. Line 29: no results are reported in the abstract! 3. Line 35: most difficulties arise when perfusion is bad or when wound healing might be compromised due to typical risk factors. This should be mentioned. 4. Line 46: "non-union" is repeated and compromised wound healing is not mentioned. 5. Line 62: in case of intramedullary nailing is always should be mentioned if it was an antegrade or a retrograde one. And it should be mentioned that retrograde hindfoot nailing is not a primary alternative for simple ankle fusion! This method is mainly used for tibiototalcalcaneal fusions or tibiocalcaneal fusions! 6. Line 83: what about minimally invasive arthroscopically assisted screw arthrodesis for ankle fusion? This method is extensively reported in the literature and - at least in our department - the first choice whenever possible? This has to be discussed as this method has become a standard procedure in specialized centres. 7. Line 94: According to which criteria the different plates were selected? Randomly? Preference of surgeon? 8. Line 99: What is meant with "plantar fusion"? Pantalar fusion? 9. Line 113: what kind of "bone growth stimulator" was used? Magnetic? Ultrasound? The concrete name of the stimulator should be mentioned in the text. 10. Line 128: which questionnaire was used? The whole AOFAS Ankle hindfoot score as shown in Fig. 2) or just a part of it as mentioned in line 128? This has to be clarified, and if a distinct questionnaire has been used it should be named exactly (AOFAS hindfoot score, for



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example), as there are many different scores published, and so far it is not clear if the authors used a modified score system. 11. Line 135: the whole chapter “patients” better should be at the beginning of “material and methods” and not at the end. 12. Line 145: this sentence should not be part of “materials and methods”, and it seems to be very questionable anyway if one could state that “anterior plating was very effective in management of pantalar pathology” when only one such patient was operated!?! 13. Line 157: the score should be named exactly. 14. Line 169: which bone growth stimulator? 15. Line 233: Figure 1 is not really instructive and there is no clear additional reason for showing it compared to figures 3 and 4. 16. Line 244: how many days or weeks postoperatively has this x-ray been performed? Why was the examination performed with a cast? There seems to be a equinus position of the foot?! The plate is not completely shown at its proximal end. So what is the aim of showing this figure? Are there better examples which could be provided? And what is the additional reason of showing this figure compared to figure 4, which seems to be much more instructive? 17. Line 245: the terms fusion or union should better be used instead of arthrodesis. 18. Line 314: how many days or weeks postoperatively has this x-ray been performed? There also seems to be an equinus position of the foot. Could you provide lateral weight bearing x-rays of the complete foot to show correct positioning of the arthrodesis? 19. Results should be shown with a table for better overview. 20. As the provided x-rays show equinus position of the foot it would be interesting if range of motion has been measured pre- and postoperatively, especially maximum dorsal extension of the foot. Or have standing lateral x-rays of the foot been performed so that the positions of the arthrodesis could be measured radiographical



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Title: Anterior Plating in Ankle Arthrodesis

Reviewer code: 00505410

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a useful retrospective review of patients undergoing plate arthrodesis of the ankle. Despite the heterogeneity of the patient populations, I think the study is of interest in demonstrating high fusion rate using a plate. I would like to see more detailed data on the CT scan followup. This is a data point that we don't always see published and strengthens my interest in the results. Specifically, did all patients get a 12 month CT? Did the authors find bony fusion on all the CT scans? Was there a difference between the xrays and CT in terms of diagnosis nonunion? I also found it interesting that some fibrous unions became bony over time. How was this documented? Was this also by CT? This finding has clinical significance as well and I would find further detail of interest.