

ANSWERING REVIEWERS

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Current management of osteochondral lesions of the talus

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Dear Editor,

Thank you for inviting us to submit a revised version of our manuscript. The comments and suggestions of the reviewers were very much appreciated. We have listed the comments below, followed by the manner in which we have addressed them.

Reviewer 1:

This is a nice review of this issue, the paper is written properly and there are few little points that should be rewritten. I have the feeling that there is no need for so many figures especially those of OATS.

Response:

Thank you for your comments. We have removed one of the figures from Figure 2.

Reviewer 2:

The authors reviewed diagnosis and current therapy for osteochondral lesions of the talus, including BMS, AOT, ACI and MACI. The indications for each operative option was well described. This paper was concise and well written. I recommend publication of the manuscript without revisions.

Response:

Thank you for your comments. We appreciate your review of our manuscript.

Reviewer 3:

This review which deals with the interesting topic of current management of talar osteochondral lesions, is an overall well written and also an informative piece of writing. I propose publication with the minor reservation about the number of pictures included in this manuscript.

Response:

Thank you for your response. We have removed one of the figures from Figure 2.

Reviewer 4:

The authors have presented a very interesting and comprehensive review paper. Some comments on the pathological findings (with bone biopsy images if they have it) would be very useful for understanding the lesion. A table summarizing treatments and published evidences would give the paper a greater value.

Response:

Thank you for your comments. We agree regarding the desire to include pathology biopsies of the initial defect. Unfortunately there has been a paucity of evidence presenting these pathological findings in level 1 or 2 studies. What is known is that 90% of these lesions occur as a result of trauma and cell apoptosis to cartilage within 24 hours of injury. Cartilage cell death is typically observed within two weeks but may not become clinically manifested for several months. While this information is useful and compelling it is not the focus of the current

manuscript and therefore has been deleted.

The authors agree with the reviewer that a table outlining the outcome following varying surgical techniques in the treatment of OLT talus would be useful. The authors have looked at this carefully and because of the variability in surgical treatments used, the heterogeneity of outcome measurements used, and the varying sizes of lesions treated, there are considerable confounders and challenges to prepare a table that would have any meaningful value to the reader. Until there is agreement in the size of the lesion that is best treated with reparative techniques or replacement techniques, and until there is agreement at what time point and with what outcome tool patient outcomes should be measure following an intervention, it will remain challenging to come up with any meaningful table or guidelines in the treatment of OLT. It is the authors hope that the current manuscript will provide a basic framework of understanding of the challenges of treating OLT while underscoring that while future novel treatments are exciting they must all pass the rigors of scientific validation with appropriate level and quality of evidence studies to support their widespread use