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ESPS Peer-review Report
Name of Journal: World Journal of Orthopedics
ESPS Manuscript NO: 2700
Title: Cervical adjacent segment pathology following fusion: is it due to fusion ?
Reviewer code: 00505430
Science editor: Wang, Jin-Lei
Date sent for review: 2013-03-08 11:15
Date reviewed: 2013-03-08 17:09

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[Y]Rejection
[ ] Grade D (Fair)	[Y] Grade D: rejected	BPG Search:	[ ] Minor revision
[Y] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
this paper is invalid. they review the short-term results of disc arthroplasty in cervical spine, and the longer term results clearly show no difference in adjacent segment pathology. they need to review the current literature

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ESPS Peer-review Report
Name of Journal: World Journal of Orthopedics
ESPS Manuscript NO: 2700
Title: Cervical adjacent segment pathology following fusion: is it due to fusion ?
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Science editor: Wang, Jin-Lei
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[Y] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

ACDA has been designed to be a motion-preserving device, thus theoretically normalizing adjacent segment kinematics. As authors indicated, clinical studies with short-term follow-up have yet to demonstrate a consistent significant difference in the incidence of adjacent segment disease. Recently, Blumenthal et al., compared the re-operation rates in ACDA vs. ACDF patients. (Spine. 2013 Feb 20. [Epub ahead of print]). In their results, the re-operation rate in the ACDA group was significantly less than in the ACDF group (8.3% vs. 21.2%; $p<0.05$). On the other hand, ACDA may have limitations. Kelly et al. observed a significant increase in motion at the cranial and caudal adjacent segments after ACDF. Unfortunately, they did not observe significant changes between ACDF and ACDA. One of concerns of this paper is that authors did not mention complications after ACDA. Heterotopic ossification is known to be frequent late complication of total disc replacement (Barna M, et al. Acta Chir Orthop Traumatol Cech. 2012). Authors should better to mention these limitations of contemporary ACDA.