

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 83309

Title: Demography of patients who underwent anterior cruciate ligament reconstruction

at a tertiary care hospital in India

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05866874

Position: Peer Reviewer

Academic degree: PhD

Professional title: Physiotherapist, Professor, Senior Lecturer

Reviewer's Country/Territory: Spain

Author's Country/Territory: India

Manuscript submission date: 2023-01-16

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-01-25 07:36

Reviewer performed review: 2023-01-25 08:37

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	[] Grade D: Fair [] Grade E: Do not publish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



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

SPECIFIC COMMENTS TO AUTHORS

Dear authors: First of all I would like to congratulate you on your research work, then I would like to suggest some areas for improvement: - In the abstract you include abbreviations that you should include in the first terms. For example LCA and ATR. -Keywords should include MeSH terms. - In the introduction you use terms that you include with abbreviations in the abstract, note. - In the methodology section, they include more men than women, and the risk of ACL rupture is higher in women than in men, can you explain why this data? Also, they take into account the economic factor and what these patients earn, is it really a factor to take into account in the ACL rupture? However, this reference is well explained in the discussion section. - In the discussion section they should comment on the main limitations of their study. - They have not taken into account the intrinsic and extrinsic factors of ACL rupture. They should at least comment on the lesional meniscus and its factors, they should improve with this in the introduction section. - Quotations 13 and 16 are repeated, they should be modified in the text. - Citation 11 is followed by the number 10, which should be corrected. Best regards.



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	[1] Grade A: Excellent [] Grade D: Very good [] 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	[Y] Grade A: Excellent [] Grade B: Good [] Grade C: Fair
this manuscript	[] Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	[Y] Grade A: Excellent [] Grade B: Good [] 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	[]Yes [Y]No
Peer-reviewer statements	Peer-Review: [] Anonymous [Y] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Excellent paper You may consider changing the title to 'Demographics of anterior cruciate ligament injury at a tertiary care hospital in India'



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Title: Demography of patients who underwent anterior cruciate ligament reconstruction

at a tertiary care hospital in India

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06359451

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: India

Manuscript submission date: 2023-01-16

Reviewer chosen by: AI Technique

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Reviewer performed review: 2023-01-30 02:54

Review time: 13 Days and 3 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No



Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear authors, I would like to thank the authors for submission to World Journal of Clinical Cases. This paper discusses demography of ACL reconstruction. The main contribution of the paper is investigating epidemiological data on ACL reconstruction in tertiary care hospitals in India. Overall: I recommend that this paper not be accepted without major revision. This article talks about the patients only with ACL reconstruction, and I think it is necessary to change the title or fundamentally change the study design. The most impressive findings in this paper are the high percentage of traffic accidents, the extremely high percentage of men, and the very long time from injury to consultation and surgery. These findings are really interesting and I think this article can be a clue to understanding the demographic data of ACL reconstruction in <Title> · This paper is assumed to be demographic data of Asian countries. patients who underwent ACL reconstruction rather than demography of the entire ACL injury. So "Demography of patients who underwent ACL reconstruction at a tertiary care hospital in India." might be more correct. <Abstract> Background: Line 8: "Tertiary care" is barely mentioned in the manuscript, so it may be unnecessary. Methods: • L12-13: "Their demographical data was analyzed and compared to the existing literature." is unnecessary. Unlike meta-analysis, this study did not conduct a statistical comparison with other papers. Conclusion: • Line 21: "Significantly" is incorrect. There is no statistical test. · Line 22 : Please do not suddenly use the abbreviation (RTA). · Line 24-25: "exposing the knees to more instability-related cartilage lesions." This phrase is unnecessary because you did not argue about cartilage



lesions in the article. <Manuscripts> Introduction: • Are there any demographic data of ACL from other south Asian countries? Methods: • Please present the indication for ACL reconstruction. Do you recommend reconstructive surgery for all patients with ACL injuries who come to the hospital? • Illustrate the study flow chart and please explain how you deal with patients who were unable to contact telephonically. · Line 66: How do you distinguish sports participation in competitive or recreational? Results: • In total, how many ACL injuries were operated in your hospital during the set period? What percentage of people diagnosed with ACL injuries received surgery? It would be more interesting if you show the total number of people including conservative therapy. If it doesn't include conservative treatment, it might be better to change the title as mentioned above. \cdot Line 80: It's difficult to understand the difference between a business person and desk job, so please explain about this in methods. • Line 81: Are the competitive athletes professional? If so, that seems like a quite high percentage. • Line 83: How much is 1 rupee equivalent to 1 USD? The currency should be discussed in USD or EURO for intuitive understanding in worldwide journals. • Line 90: Are these results consistent with the general economic demographic data in India? Or are they different? The finding is interesting. Please explain a little more in discussion. Discussion: • Line 129: Is it possible that even if the woman was injured, she has received conservative treatment without surgery? • Line 143-156: Since this article talks about ACL, this paragraph is unnecessary. • Line 161-162: In light of this, would it be better to assume that the reconstructive surgeries were performed on patients who were fully covered under



insurance rather than on the general population of Indians including uncovered under insurance? If so, there is a bias in the general population who can receive surgery. Line 181: How difficult is it financially to receive ACL reconstruction for low or middle income groups? How much financial out-of-pocket do they need? It would be even more interesting if you could add some considerations about it.