PEER-REVIEW REPORT

Name of journal: *World Journal of Orthopedics*

Manuscript NO: 74570

Title: Anterolateral complex of the knee: State of the art

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05491705

Position: Peer Reviewer

Academic degree: MSc, PhD

Professional title: Assistant Professor, Director, Physiotherapist

Reviewer's Country/Territory: Greece

Author's Country/Territory: Italy

Manuscript submission date: 2021-12-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-12 00:33

Reviewer performed review: 2022-01-24 00:26

Review time: 11 Days and 23 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
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) [Y] Accept (General priority) [ ] Minor revision [ ] 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

This is indeed a very well-written and all-rounded paper, presenting the ALL structure in relation to ALC anatomy and functional stability significance in relation to ACL injury under normal and post-surgical conditions. The detail provided is of high level and the authors obviously have a very good understanding of the ALC significance in the maintenance of knee stability, as well as the main benefits and drawbacks of currrent surgical techniques to restore the rotational stability of the knee with various LET techniques and specifically comparing one of those techniques with ALLR. Obviously the authors have decided to use routinely (in relation to other LET techniques) the "Cocker Arnold modified technique", however it is not clear whether, apart from surgical benefits they have recorded any biomechanical or functional benefits of this techiniue. Therefore, the statement in the conclusions that "In a scenario where there is no demonstrated superiority of one technique over the others the authors decided to use the Cocker Arnold Mod. LET as an anterolateral procedure deciding to perform it according to patient's characteristics (such as an high grade pivot shift, hyperlaxity, Segond's fracture) and functional demands"is more based on surgical preference rather than hard data. This is a drawback of the particular paper. However, other than the authors' lack of patient data the paper is well-presented and informative.

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Reviewer's code: 05198253

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Academic Research, Chief Doctor, Doctor, Research Scientist

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

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Reviewer accepted review: 2022-01-31 08:53

Reviewer performed review: 2022-02-05 06:18

Review time: 4 Days and 21 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
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
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SPECIFIC COMMENTS TO AUTHORS

This review provides a detailed and comprehensive description of anterolateral complex (ALC) including history, anatomy, histology, arthroscopy, biomechanics, imaging (MRI), and most importantly recommended indications. Further the author provided their own views on surgeries and recommended a simple technique- Cocker Arnold Mod. Technique. Finally, they compared ALLR and LET with literatures. Overall, this review is meaningful and could be published after proper revision. The authors should address the following issues seriously. 1. Language needs to be refined to further improve its accuracy. There were some small mistakes. 2. MAGNETIC RESONANCE IMAGING (MRI) and ARTHROSCOPY section may be merged into one section such as Identification of ALL. 3. The author needs to upload the final and complete version of the paper and not the one with the annotations. 4. Add more images of relevant and important literature studies for readers such as MRI. 5. As a review article, the authors should add a prospection section that may provide research directions or suggestions for further RCT/level one study in the field.