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315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Orthopedics

ESPS Manuscript NO: 5320

Title: Orthopedic surgery and its complication in systemic lupus erythematosus

Reviewer code: 02444789

Science editor: Cui, Xue-Mei

Date sent for review: 2013-08-29 16:43

Date reviewed: 2013-08-30 19:44

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 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 review is novel and of interest to the general orthopaedic surgeon. SLE patients are not commonly encountered in everyday practise and it is useful to highlight some of the problems they face. This is really my main criticism - there is not enough specific information about the condition in the paper. There is no description of the disorder, clinical, radiographic or molecular/immunological features. This should be introduced at the beginning so the reader understands what SLE actually is. what is the incidenc eof arthritis/vasculitis/CVS disease in these patients etc. A generic description of conditions that SLE patients face I do not feel is that helpful. You really need to be a little more specific why these disorders are problematic in SLE patients. You have done this in some areas but not in others. An example is the carpal tunnel section when you describe the symptoms of carpal tunnel - this is not necessary for this review. More useful information is you last statement - 'most patients will not require specific pre-operative assessment.' Any information on incidence, unique features etc. Also I feel some of your information is unhelpful. For example 'Medical treatment of osteoporosis includes the use of anti-resorptive agents such as bisphosphonates and RANKL inhibitor (Denusumab) (11), or anabolic agents including strontium ranelate and intermittent subcutaneous parathyroid hormone injection (Teriparatide) (12, 13).' I realise this is not a review of OP management but fractures are a big problem. Start with a description of non-medical maangement (e.g. exercise), then discuss medications that are 1st and 2nd line, then more specialist medications (PTH/RNAKL inhibitors) Equally, 'Treatment of AVN depends on the stage of the disease (16). Stage 0 and stage 1 AVN warrant conservative treatment with rest and reduction in weight bearing. However, a randomized controlled trial of 36 patients demonstrated superiority of treatment success with surgical approach



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compared with conservative therapy (70% versus 20%) (17). Free vascularized grafting for femoral head AVN appears to be promising (18). Nevertheless, the best approach to manage AVN is prevention and early recognition so that the disease can be arrested in its early stage.' I take issue with some of your comments. Is there any evidence the disease can be arrested. treatment isn't stage dependent - it is symptom dependent - different techniques may be used at different stages. Furthermore is a vascularised graft really a good idea in a patient with SLE, given later you state they have vasculitis and vascular disease. I applaud your use of evidence such as 'In a one-year prospective MRI study of 687 joints in patients with SLE, the risk factors for the increase in the incidence of AVN were adult and adolescent patients [odds ratio (OR) 13.2], higher than 40mg per day of prednisolone equivalent (OR 4.2), patients with SLE (OR 2.6) and the male sex (OR 1.6)' However can you be more specific increased incidence compared to who? tendon ruptures section - 'Most of the patients require corrective surgery with full recovery achieved.' Really - my experience is different - for example in RA hand tendon ruptures are managed by transfers not corrective surgery. Please define what corrective surgery is. I like the section on preop work up Please provide a table of who to work these patient up preoperatively. Do they require C-spine xrays as in RA. Overall good. Changes are required to improve the article for general readership.



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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
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<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 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 checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

A thorough, but straightforward literature review. The English needs to be addressed.



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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
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<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 type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a nice review paper on a relevant topic. Unfortunately the proposals included are not supported by literature and/or it is not declared whether they are based on an other source like personal experience. The manuscript requires additional efforts towards style and structure of a high level scientific publication.