



ESPS PEER-REVIEW REPORT

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
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COMMENTS TO AUTHORS

Comments to Authors The submitted manuscript, entitled “A systematic review of periprosthetic tibia fracture after total knee arthroplasties”, represents a literature search and study of the Pubmed and Web of Science databases. The title is referring directly to the problem at hand and the abstract is short but adequate. The Introduction is clear and with an incidence of periprosthetic fractures of about 1% - 2%, the authors focuses on the treatment method and the anatomical and functional outcome. Materials and Methods; The authors conducted a meta-analysis of periprosthetic tibia fractures after TKA and analyze the procedures used for treatment. Inclusion criteria were the following: a. Patient must have a fracture of the tibia and b. Patient must have undergone a total knee arthroplasty Results includes; classification based on the Felix classification system, causes of fractures where the present studies provide a direct cause for the fractures, diagnosis where the diagnostic methods have not yet standardized and treatment where the follow up pattern based on the subclass for the fracture. Discussion; is clear, adequate and covers the various aspects of the treatment of tibial periprosthetic fractures as they are presented in the present study. Failure rate for TKAs is about 20% after 20 years. The periprosthetic fractures of types 2 and 3 are much more



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common after a traumatic event. It seems as if the design of the prosthesis itself, as well as the procedure used to implant it, is not a major factor in the incidence of periprosthetic tibia fractures. Nevertheless there is a lack of data concerning the relation between the implant and periprosthetic fractures. Fractures described as compressed ones are not mentioned if occurred on the medial or lateral side. The amount of bone removal during the insertion of the prosthesis, depends on the type of the arthroplasty. On the other hand biomechanics of the joint are also depending on the type of the prostheses. If the surgeon follows exactly the directions of the constructor, then the amount of bone remove will be sufficient for the insertion of the prosthesis and the fracture risk will minimized. Nevertheless, this might be one of the reasons for the low incidence of periprosthetic tibia fractures, which in any case are rather rare. Conclusions; This systematic review showed, most importantly, that there is very little data on periprosthetic tibia fracture. Finally conclusions are short, concise and accurate. References are including 16 published papers. The submitted manuscript in the present form needs to be organized in a better, clear and concise way and to include all published papers in the relevant literature.