

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Orthopedics

ESPS manuscript NO: 20042

Title: Total elbow arthroplasty is moving forward: Review on past, present and future

Reviewer's code: 00051746

Reviewer's country: Japan

Science editor: Fang-Fang Ji

Date sent for review: 2015-05-30 13:26

Date reviewed: 2015-05-31 11:26

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

I think that this paper is well-written and very interesting for orthopedists. This paper clearly shows the history or future improvement of total elbow arthroplasty using many literatures

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Orthopedics

ESPS manuscript NO: 20042

Title: Total elbow arthroplasty is moving forward: Review on past, present and future

Reviewer's code: 03070654

Reviewer's country: Australia

Science editor: Fang-Fang Ji

Date sent for review: 2015-05-30 13:26

Date reviewed: 2015-07-16 11:57

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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a comprehensive review article. I think a few changes could be made to make it more easily readable and understandable to the non-expert orthopaedic surgeon. p7 2nd paragraph: i think the term sloppy hinge should be introduced here. you use it later on p9 but have not stated what it means p7 5th paragraph: 'In the triceps sparing approach, the olecranon is incised distally of the triceps insertion, which is turned aside with the triceps tendon attached...' This does not make sense. The olecranon is not incised in TEA. I presume you mean that the deep fascia is incised to the olecranon distal to the triceps insertion. p8 paragraph 2: 'The human factors of gained experience on TEA, together with the technical factors of improved materials, have led to more stable results.' This sentence does not make grammatical sense. You only mention one human / surgeon factor and one technical factor so the plural should not be used. There are other factors that you could add such as approach, method of fixation, component design. I do not think that results should be described in terms of 'stability'. Improved clinical outcome scores or lower revision rate would be preferable terminology p9 paragraph 2: you mention that both linked and unlinked prostheses are available. I think you need to qualify that statement to clarify that while sloppy hinges are available fixed hinges



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are no longer used. p9 paragraph 3: should read 'in the long term' (Not on the long term) p9 paragraph 4: you mention loosening rates and cumulative revision rates for different implants. Are you suggesting that there is another cause of failure other than loosening that contributes to a higher cumulative revision rate? If so you should mention it. If not you should omit the sentence about cumulative revision. p9 paragraph 4: the use of 'dropped' is grammatically incorrect. 'Lowered' is preferable. p10: you have made some generic statements about uncemented implants and particle disease elimination by using highly cross linked PE or vitamin E impregnated PE. You should mention that while coatings are present on the newer prostheses these are still usually implanted with cement and the while the newer prostheses have highly cross linked / vit E poly there is no long term data as yet to support their superiority. p11 para4: what 'scans' are you referring to? CT or plain radiographs? With regards to 'the future' you have made mention of several design changes that may improve the results after TEA. You should mention the usual functional restrictions that are advised after TEA. Do you think that these might be changed by some of the design changes that you have mentioned? Do you think that the newer prostheses would allow TEA to be performed for post-traumatic arthrosis in the younger more active population?