

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Orthopedics

ESPS manuscript NO: 24872

Title: A novel case of Trevor's disease: Adult onset and later recurrence

Reviewer's code: 03069318

Reviewer's country: United States

Science editor: Jin-Xin Kong

Date sent for review: 2016-02-16 10:06

Date reviewed: 2016-04-10 11:30

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 type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

To my knowledge, the literature reports more than 3 adult cases. The authors report only the recently reported cases. They should consult a recent systematic review for more details. The authors should provide the MRI images too. Also, the authors should provide CT images for the recurrence that correspond to the level of the primary CT images, so as to be able to compare size. Why the initial lesion was not excised at the first surgery, since the pre-surgical diagnosis was osteochondroma? Imaging of the tibia post the initial excision is critical to support late recurrence. Did a histology showed removal of the lesion with clear margins? Also, the authors should report the exact time that the symptoms of recurrence occurred. Since the symptoms started several months prior the presentation 2.5 years after the initial treatment, this means that the recurrence might occurred earlier. This is critical, since a potential explanation of the recurrence may be that of inadequate initial management (curettage versus excision). The authors should comment and discuss this. Imaging of the 2-year follow-up showing the non-recurrence of the lesion is also important. Discussion The discussion can be improved by in depth presentation of certain aspects of management, e.g. what is the current gold standard treatment, what are the authors' recommendations, etc. Also, there is some



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inconsistencies between the case report and discussion (2.5years VS. 3 years, curettage VS. excision). In addition, the discussion would benefit from a more comprehensive discussion of the literature regarding recurrence. (Does it occur in children? Frequency? Adults? Factors affecting recurrence)

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Orthopedics

ESPS manuscript NO: 24872

Title: A novel case of Trevor's disease: Adult onset and later recurrence

Reviewer's code: 02726026

Reviewer's country: Brazil

Science editor: Jin-Xin Kong

Date sent for review: 2016-02-16 10:06

Date reviewed: 2016-04-11 22:10

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input 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"/> 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
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Well written case report of an interesting and rare pathology. This article is of high interest for publication, but can be strengthened. First of all, it would be better if authors numbered the lines in order to facilitate revision. INTRODUCTION Authors say that disease affects mostly foot and ankle. What about the knee? Please re-revise the literature. There are more than 3 adult cases. 3 cases on D.B. Kettelkamp, C.J. Campbell, M. Bonfiglio Dysplasia epiphysealis hemimelica, a report of fifteen cases and a review of the literature 3 cases already cited in the present work T.J. Fairbank reports one 27yo case in Dysplasia epiphysialis hemimelica (tarso-epiphysial aclasis) Another on V.M. Rosero, S. Kiss, T. Terebessy, K. K?ll?, G. Sz?ke. Dysplasia epiphysealis hemimelica (Trevor's disease): 7 of our own cases and a review of the literature Another: Sadeghifar AR, Heshmati AA. Dysplasia epiphysealis hemimelica (trevor syndrome) of talus in a 21-year old woman; case report. Arch Bone Jt Surg. 2014 Mar;2(1):66-8. Epub 2014 Mar 15. PubMed PMID: 25207317; PubMed Central PMCID: PMC4151426. DISCUSSION Why authors performed curettage instead of resection at the first surgery? Please discuss on that. Do authors have CT or X-rays of the 1 or 2year follow-up to ensure this was really a late recurrence? Since it is the only recurrence in adults, please discuss recurrence in children and



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possibles explanations, so we can avoid it in our patients.

ESPS PEER-REVIEW REPORT

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ESPS manuscript NO: 24872

Title: A novel case of Trevor's disease: Adult onset and later recurrence

Reviewer's code: 02705063

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Science editor: Jin-Xin Kong

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a well written case report about a new-onset proximal tibial dysplasia epiphysealis hemimelica (DEH) in an adult recurring approximately 3 years after curettage. There are only 3 cases of adult DEH described in the literature to date, with no case reporting on recurrence of this pathology after surgery. The recurrent lesion was resected and after a 2 years follow-up the patient remains symptom-free with no appreciable mass recurrence. The authors should address the following points and then re-submit: 1. Please provide MRI images from the primary lesion in the Figures section. 2. Please describe the first and second surgical procedure in detail. It is important to learn from possible faults during the first operation. Why does the patient underwent an open curettage of the right lateral proximal tibial lesion during the first operation? Why not a complete excision initially? Maybe resection was not sufficient during the initial operation which may explain why the patient had recurrence of the lesion. Please discuss this point. 3. Special molecular tests are used for the analysis of genetic expressions to differentiate between DEH and osteochondroma. These are within normal ranges in DEH, while they are lower in osteochondroma. Did you perform genetic analysis to confirm diagnosis of DEH? Nevertheless, this is a very interesting case report which



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should be of interest to the readership of World Journal of Orthopaedics.