

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Orthopedics

ESPS manuscript NO: 29710

Title: Ponseti method treatment of neglected idiopathic clubfoot: Preliminary results of a multi-center study in Nigeria

Reviewer's code: 01212881

Reviewer's country: Canada

Science editor: Jin-Xin Kong

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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"/> 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

Comments: The paper is interesting and emphasizing the statement that Ponseti method can be effectively used to correct neglected clubfoot in children older than walking age, and significantly reduce the need for bony surgery or major soft tissue release. The large series of patients give the paper a good potential to be published however major revision will be required as follow: In the Materials and Methods: ? "All patients were treated on an outpatient basis. " However, In the discussion you stated that "with very rare cases being done in the operating theatre." Will be interesting to know how many cases went to theater for tenotomy and what was the indication for this in terms of age or socioeconomic standard. ? After tenotomy protocol was not clear. It will be more interesting to define the percentage of patients were using the brace and who that you couldn't provide them the brace due to limited resources. Also, for the patients used the brace, no data regards the bracing compliance or bracing schedule as mentioned, only night bracing (No full time bracing for 3 months as was defined in the original reports of Ponseti). ? The statement that Pirani and Dimeglio scoring system have not been validated for the neglected population requires reference. In



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

the Results: ? It is essential to analyze the 26 patients underwent surgeries, which of them had received only tendon transfer and which had only tendon Achilles lengthening, in one side and which of them needed extensive soft tissue release or boney surgery on the other side. As the first group you can't consider them of the failure group, as it is known that the tendon transfer is considered a part of the Ponseti protocol, as this was reported in 20-40% in the original Ponseti reports. ? It is interesting finding that the older age group required more number of casts/foot. However, a statistical correlation will be required to prove your finding whether it will be statistically significant or not (P-value). ? How did you define failure in the PAT? Did you consider complications, as infection, bleeding, important structures injury or incomplete tenotomy? In the Discussion: ? You stated that "PAT's were nearly all performed under local anesthesia with very rare cases being done in the operating theatre." It will be interesting to define the number of patients taken to operating theater for PAT and the indication for that, either the age or the socioeconomic standard.

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Name of journal: World Journal of Orthopedics

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<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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		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

I enjoyed reading the manuscript illustrating success with the Ponseti method in yet another LMIC environment, which is very encouraging. My chief concern is that there is no data presented on grading of the feet, and that we are unable to evaluate the response to treatment based on severity and age. Materials and methods Page 2, line 18: Does this represent all cases done at each site, or a consecutive series of all patients treated during those years? Page 2, line 34. Statement about validation for neglected can be left for the discussion under limitations, probably not best to leave in method section. Or, is this being used to justify that there is no data in the results section concerning initial grading of severity? Results Page 3, line 5. So data was available for all 225 patients who met the inclusion criteria? Page 3, lines 4-7. By correction do you mean a plantigrade foot? The rates of initial correction seem excellent. How do the authors define failure? One could suggest that failure would be the need for intra-articular surgery (PMR or PMLR), and that the choice to do a tendoachilles lengthening might not be a failure since it's extra-articular? No data is given on the initial Pirani or DiMeglio scores, and many feel that it is flexibility rather than purely age that

determine the response to treatment. Rather than breaking down the age ranges into 1-2, 3-9, and > 10, might be nice to simply make a table which shows years 1 through 13 or whatever the maximum was, what the mean Pirani/DiMeglio was for each age, # casts, and tenotomy versus Achilles lengthening or whatever surgery was performed. This would allow the reader to grasp the data. Page 3, line 13. Overall rate of tenotomy is very low, which underscores the need to represent the data on initial Pirani or DiMeglio scores. It is likely that a subset of cases were positional equinovarus rather than true clubfoot. Recognizing that in either case the deformities needed to be corrected and that treatment was successful, it would still be nice to reader to know the breakdown by severity. This could be accomplished by revising Table 2 as suggested. Discussion: Page 3, Line 30. There are several other recent references concerning Ponseti in older age groups including Banskota et al Bone Joint J 2013 Page 4, line 27. Not sure what you mean by phenotype. The main question is that of flexibility/rigidity of the deformities treated, which can be illustrated by showing the data for Pirani/DiMeglio scores as suggested in Table 2 and in the results section. Page 4, line 37. Not sure what you mean by provider preference? There are clear indications for tenotomy using Ponseti method. Could a number of patients may have had an untreated positional equinovarus deformity? This is why reader needs to know the grading for the feet. Page 5, line 8-10. Need to know how many patients were left out because of "variable data collection", and how many patients had grading data available. Page 5, lines 12-19. This information is not related to the research study and should probably be deleted. Page 5, lines 20-26. This might be included in acknowledgments but is not related to the research question Figure and Tables Table 2. The rate of tenotomies is quite low relative to Ponseti's work and that of other studies except in Malawi (Tindall et al). Perhaps there were many positional clubfeet. Figure 3 is a nice algorithm but does not relate to present research study, except that all patients were treated by Ponseti method. Does not add to paper and can consider deleting it Table 4. Not sure how this technique guide fits in the setting of a research study. Some of these points may be discussed as lessons learned but otherwise table does not add to the paper and should be deleted.