

Dear Editor

World Journal of Clinical Cases.

Thank you for allowing me to submit a revised draft of my manuscript. We appreciate the time and effort that you and the reviewers have dedicated to providing your valuable feedback on my manuscript.

Comments from the reviewers with response

Reviewer 1 (06386646)

S.no	Comments	Responses
1.	You may consider changing the title to 'Demographics of anterior cruciate ligament injury at a tertiary care hospital in India'	The title has been revised to " Demography of patients who underwent anterior cruciate ligament reconstruction at a tertiary care hospital in India"

Reviewer 2 (05866874)

S.no	Comments	Responses
1.	In the abstract you include abbreviations that you should include in the first terms. For example LCA and ATR. - Keywords should include MeSH terms.	The abbreviations have been expanded in the introduction. Key words have been changed to include only MeSH words
2	In the introduction you use terms that you include with abbreviations in the abstract.	In the introduction as well the abbreviations are expanded in their first use.
3	In the methodology section, they include more men than women, and the risk of ACL rupture is	Though the risk of ACL injury is higher in

	higher in women than in men, can you explain why this data?	women due to intrinsic factors. In our study we retrospectively reviewed the demographic data of all the operated patients of ACL injury. The same was higher in men, as the injury was mostly due to road traffic accidents which were mostly used by male population. “The same was explained in discussion in detail”
4	Also, they take into account the economic factor and what these patients earn, is it really a factor to take into account in the ACL rupture? However, this reference is well explained in the discussion section.	Yes, because the economic factor and their job also defines their lifestyle and the mode of transports used. The same was explained in discussion.
5	In the discussion section they should comment on the main limitations of their study. - They have not taken into account the intrinsic and extrinsic factors of ACL rupture. They should at least comment on the lesional meniscus and its factors, they should improve with this in the introduction section.	The limitations have been added. The intrinsic factors and their role in ACL injury have been added to the limitation. We have not enumerated the meniscus tears and the same was also added to the limitation.
6	Quotations 13 and 16 are repeated, they should be modified in the text Citation 11 is followed by the number 10, which should be corrected.	The citations have been revised

Reviewer 3 (06359451)

S.no	Comments	Responses
------	----------	-----------

1.	This article talks about the patients only with ACL reconstruction, and I think it is necessary to change the title or fundamentally change the study design.	The title has been changed to "Demography of patients who underwent anterior cruciate ligament reconstruction at a tertiary care hospital in India"
2.	Background: Line 8: "Tertiary care" is barely mentioned in the manuscript, so it may be unnecessary	The sentence was revised.
3.	Methods: • L12-13: "Their demographical data was analyzed and compared to the existing literature." is unnecessary. Unlike meta-analysis, this study did not conduct a statistical comparison with other papers	The demographical data was tabulated and presented as mean and percentages and the same was compared with the available literature. Hence we have used the sentence.
4.	. Conclusion: • Line 21: "Significantly" is incorrect. There is no statistical test. •	The term significantly has been removed.
5.	22 : Please do not suddenly use the abbreviation (RTA). •	The abbreviation has been expanded in their first usage
6.	Line 24-25: "exposing the knees to more instability-related cartilage lesions." This phrase is unnecessary because you did not argue about cartilage lesions in the article.	This phrase has been removed. And it is not just about cartilage lesions but of meniscus injuries as well as they act as secondary restraints.
7.	<Manuscripts> Introduction: • Are there any demographic data of ACL from other south Asian countries?	Yes, the same were discussed as well and the citations were provided below. 12. Ahmed S, Ashraf M, Sahanand S, Rajan DV. Can ACL Tears be Restricted to Sports Injuries Alone? A Retrospective Analysis. Indian J Orthop. 2021;55(Suppl 2):402-408. Published 2021 Mar 15.

		<p>doi:10.1007/s43465-021-00387-5</p> <p>13.Chan CX, Wong KL, Toh SJ, Krishna L. Epidemiology of patients with anterior cruciate ligament injuries undergoing reconstruction surgery in a multi-ethnic Asian population. Res Sports Med. 2021;29(1):12-24. doi:10.1080/15438627.2018.1492391</p>
8.	<p>Methods: · Please present the indication for ACL reconstruction. Do you recommend reconstructive surgery for all patients with ACL injuries who come to the hospital?</p>	<p>We donot recommend ACLR for all the patients, we correlate our clinical findings with the symptoms of the patient and their activities of daily living that are restricted. We also correlate the same with the imaging findings and also take into considerations patients life style before advising the surgery.</p>
9.	<p>Illustrate the study flow chart and please explain how you deal with patients who were unable to contact telephonically.</p>	<p>As all the patients were operated, they were on routine post operative follow up. We were able to communicate with all of them, as we had the contact numbers of patients as well of their attenders along with their address. Once we contact the patient we explain them regarding the need for information pertaining to the</p>

		injury and schedule a time for the same and contact them at that time for the data collection.
10.	Line 66: How do you distinguish sports participation in competitive or recreational?	Recreational sports players have a different job for their livelihood and play sport during their after hours. Competitive sport players are professional and play for teams and earn their livelihood through the same.
11.	Results: In total, how many ACL injuries were operated in your hospital during the set period?	124 were operated
12.	What percentage of people diagnosed with ACL injuries received surgery? It would be more interesting if you show the total number of people including conservative therapy. If it doesn't include conservative treatment, it might be better to change the title as mentioned above. .	The title has been revised.
13.	Line 80: It's difficult to understand the difference between a business person and desk job, so please explain about this in methods.	The same was explained
14.	Line 81: Are the competitive athletes professional? If so, that seems like a quite high percentage. .	Yes competitive athletes are professional players
15.	Line 83: How much is 1 rupee equivalent to 1 USD? The currency should be discussed in USD or EURO for intuitive understanding in worldwide journals.	The same was mentioned
16.	<ul style="list-style-type: none"> Line 90: Are these results consistent with the general economic demographic data in India? Or are they different? The finding is interesting. Please explain a little more in discussion. 	<p>Yes</p> <p>Paragraph 144 to 156.</p> <p>Answer to query 18 as well, hence the</p>

		<p>paragraph discussing about RTA and 2 wheeler accidents.</p> <p>Ref- 19 to 23.</p>
17.	<p>Discussion: • Line 129: Is it possible that even if the woman was injured, she has received conservative treatment without surgery?</p>	<p>The protocol of management was same either for males or females. It depends on the clinical findings, symptoms, restrictions in activities of daily living due to symptoms and correlation with imaging. The we planned either conservative or surgical management.</p>
18.	<p>Line 143-156: Since this article talks about ACL, this paragraph is unnecessary.</p>	<p>The ACL injuries in our study are due to RTA and of all the RTA, they are mostly due to 2 wheeler accidents. Hence this paragraph.</p>
19.	<p>Line 161-162: In light of this, would it be better to assume that the reconstructive surgeries were performed on patients who were fully covered under insurance rather than on the general population of Indians including uncovered under insurance? If so, there is a bias in the general population who can receive surgery.</p>	<p>The patients presenting to our hospital are not covered under insurance</p>
20.	<p>Line 181: How difficult is it financially to receive ACL reconstruction for low or middle income groups? How much financial out-of-pocket do they need? It would be even more interesting if you could add some considerations about it.</p>	<p>Our patients pay for their implants, the rest is covered by our hospital. If they cant afford the implants as well, we have procedures to obtain help from the government.</p>

Thanking you

Ravi Mittal

Professor, Dept of Orthopaedics

AIIMS, New Delhi.