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Name of Journal: *World Journal of Clinical Cases*

ESPS Manuscript NO: 24876

Manuscript Type: ORIGINAL ARTICLE

Response letter to reviewers

Thank you for your time reviewing our manuscript entitled "LPFL reconstruction to restore functional capacity for patients previously undergoing lateral retinacular release", we sincerely appreciate and respect your comments. Pertinent changes are highlighted in the revised manuscript.

In regards to the discussion of synovitis, one reviewer recommended we remove this language and instead focus the paper on our technique for LPFL reconstruction. We agree with this opinion and made the appropriate changes. Our initial goal of the study was to not only prove our reconstruction technique effective, but to provide insight into what initially caused patients knee pain that led to their lateral release in the first place. It was merely speculative for us to say synovitis/plica syndrome was the initial cause of pain that led to lateral release, so we agree that removing any discussion of this was in the best interest of the manuscript. This reviewer also mentioned two other techniques for LPFL reconstruction that have been previously described in the literature. We have included a brief discussion and reference of these works and have offered our technique as a third option for LPFL reconstruction.

A second reviewer asked for some clarification on the technique itself, as well as for some illustrations. We have attempted to clarify the procedure and have inserted three figures into the body of the text to further assist the reader. This reviewer also inquired about our exclusion criteria; whether the exclusion of patients with both medial *and* lateral patellar subluxation rules out Ehlers-Danlos Syndrome. This exclusion criterion indeed does not rule out EDS, and our language has been clarified to better reflect our goal of focusing on *iatrogenic* medial patellar instability.

We also corrected a mistake regarding our clinical indication for surgery that was pointed out by both reviewers. A knee brace with a *medial* buttress was used clinically to observe for alleviation of the patients medial subluxation episodes.

Finally, we updated our average final follow-up to reflect the most current data.