

**Re: Manuscript reference No. [52993]**

Dear Editor

Thank you for arranging a timely review for our manuscript. Your comments and the reviewer were highly insightful and enabled us to greatly improve the quality of our manuscript. In the following pages are our point-by-point responses to each of the comments of the reviewer.

Revisions in the text are shown using red for additions so that they may be easily identified. In accordance with your suggestion, we changes the article according to suggestions. We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in World Journal of Clinical Cases.

Besides, We made a big mistake that we did not add Professor **Xiaowei Zhao** as the corresponding author due to the submission error, professor Xiaowei Zhao contributed to the design of the surgery and analysis of the follow-up. We want to inform that the current corresponding author is ‘**Xiaowei Zhao**’ , and this decision has been approved by all of the authors. We’ ll be very pleased if you grant our request. If there are any questions, please contact me without hesitate.

We shall look forward to hearing from you at your earliest convenience.

Yours sincerely,

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*Responses to the comments of Reviewer*      *Reviewer's code: 03072151*

*1. Typo and grammatical errors are found throughout the manuscript. For instance, page 4, section of Imaging examinations: The lateral knee...superiory, ...patella;The...; page 5, section of TREATMENT: however, an autograft reconstruction require...; page 6, ...allogeneic*

**Response:**

**Thank you for your critical comments and we totally agree with your suggestions which might be of great help to improve the quality of our manuscript. We apologize for the language problems in the original manuscript. Following the reviewer's suggestion, we have carefully checked and re-wrote the entire manuscript for typographic, grammatical and formatting errors.**

*2. Details of how to calculate the preoperative and postoperative Lysholm score should be shown. Adding a table maybe a good choice.*

**Response:**

**We deeply appreciate the reviewer's suggestion. According to the reviewer's comment, we provided this table to describe the functions as the following:**

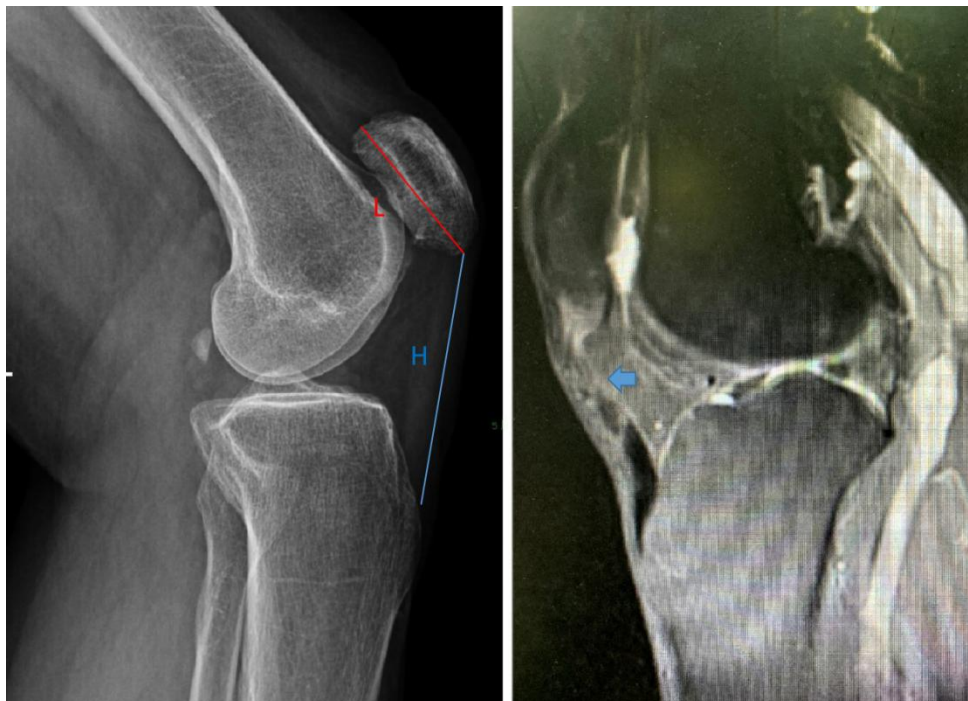
	<i>preoperative</i>	<i>postoperative</i>
<i>pain</i>	<i>10</i>	<i>25</i>
<i>Instability</i>	<i>5</i>	<i>25</i>
<i>Locking</i>	<i>15</i>	<i>15</i>
<i>Stair climbing</i>	<i>0</i>	<i>6</i>
<i>Limp</i>	<i>0</i>	<i>5</i>
<i>Support</i>	<i>2</i>	<i>5</i>
<i>Swelling</i>	<i>6</i>	<i>10</i>
<i>Squatting</i>	<i>0</i>	<i>4</i>

Overall	38	95
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3. In Figure 1a, imaginary lines/labels should be drawn to show how you calculate the Insall-Salvati ratio for clarification.

**Response:**

This is an excellent review, We agree with the comment and re-wrote the figure in the revised manuscript as the following:



**Fig. 1** The X-ray showing a high riding patella(a), and the MRI showing a rupture of patellar tendon(b) . Patellar tendon length (H) and the patellar length (L) was used to calculate the Insall-Salvati ratio.