Table of corrections

Reviewer remark	Author response	Text change
Reviewer 1		
Formatting 1) Number the lines of the manuscript, see the manuscript uploaded with line #'s added for reference.	please see the manuscript	Added
Formatting 2) Line 38- not a full sentence 3) Line 68- manipulation limits isn't correct English 4) Line 77- image, not imagine 5) Like 99 – "is" seen 6) Line 110, delete 'child' 7) 142- detail that these initial tests are serum samples 8) 143- usually we take two blood cultures, not just one, in case there is a false postitive/negative 9) 131- delete 'a' from 'a sepsis' 10) 182- periosteal 11) 233- range of motion is greater, not higher	Thank you for these detailed suggestions	Corrected
Abstract 1) Core tip is just a summary of abstract?	The core tip provides a take home message of the most important points of the review	
Intro 1) what about risks for systemic bacteremia?	A very interesting topic, because it can be an effect of septic arthritis.	Added in Bacteriology
Diagnosis 1) what about skin changes? Rashes? Like target sign for Lyme disease? 2) specify which xrays you are getting? AP pelvis? Dedicated hip films? Probably good to have an AP so you can compare the joint space to the contralateral hip 3) line 158- any role for having the OR ready after the MRI to go straight there if needed for an I&D and just use one continuous sedation?	1) Described in Differential Diagnosis. 2) Specified 3) True 4) In the literature there is no evidence to send synovial fluid for fungus routinely, only in specific cases with immunoincompetent children. 5) In the present literature there is still no significant evidence that an abnormal level of PMN is highly	2) Added 3) Added

4) 196- do you send synovial fluid for fungus routinely? 5) 199- what about PMN %?	suggestive to the diagnosis of acute septic arthritis in children.	
Differential Diagnosis 1) Transient synovitis also usually resolves with a dose of NSAIDs in the emergency room 2) 226- what is the typical rash? 3) 234-35- isn't kocher criteria just validated in hips? Not knees? 4) In acute onset of knee pain in peds, you always have to evaluate the hip too. Could be SCFE.	1) In the Netherlands we do not use NSAID's in children with Transient synovitis. 2) With typical rash a skin rash is meant. 3) Kocher criteria are indeed validated in hips. 4) Correct point of the reviewer. We will add this in the text.	2) typical rash changed in skin rash 3) Kocher criteria deleted. 4) added knee pain
Treatment and follow-up 1) 280-Arthrocentesis alone is rarely used for treatment, at least in the US. It is usually done to help with diagnosis, but is not as reliable to get rid of the infection by itself. 2) 305- unless the patient is septic. You can give antibiotics after aspiration, before the OR, or even before aspiration if they are septic. 3) 306- antiobiotic choice should be guided by the bacteria and specific sensitivies. Recommend consulting the infectious disease team well. Just saying a few days of IV abx and then oral is too vague and misleading. How often are you trending CRP levels? 4) Also need to mention the high rate of culture negative septic arthritis in pediatric patients and how this affects your antibiotic choice?	1) Research has showed good outcomes after treated septic arthritis in children with arthrocentesis alone (e.g. Pääkkönen et al. 2010, Tornero et al. 2019). This is the first-line treatment in some European centers. 2) True 3) True 4) A first-generation cephalosporin of clindamycin is often used in Europe, because SA in industrialized countries is most frequently caused by gram-positive agents.	2) added: unless the patient is septic. 3) added 4) See figure 3
Figures 1) Figure 1a- mention it is an AP radiograph 2) Figure 1b mention it is a coronal view 3) 571- I think this shows an effusion and increased signal	1) True 2) True 3) True	1) Added AP 2) Added coronal view 3) Changed

suggestive of osteomyelitis, it does not show 'hip arthritis'		
Reviewer 2		
Need correction of mis typing-- periost - periosteal muL - µL	Agree	Corrected
A rare example in the differential diagnosis of septic arthritis is an osteoid osteoma, a benign bone tumour. The proximal femur is the most common site of occurrence.54 Osteoid osteoma may occur in all age groups. However, in a retrospective review, more than 50 percent of the cases were in patients from 10 to 20 years of age.54 The pain is typically nocturnal and aching, and it responds briskly to nonsteroidal anti-inflammatory drug therapy. Osteoid osteoma may be visible as a lucency with surrounding cortical thickening on plain radiograph and computed tomography or it may be apparent on MRI. Intraarticular or periarticular Osteoid osteoma including proximal femur present with atypical clinical & radiographic features, not consistent with the above description. Need additional comments.	We agree that it has no added value, therefore removed.	Removed.
Science editor		
The "Author Contributions" section is missing.		Added
Please provide the original figure documents		Added
Company editor-in-chief		

Uniform presentation should be used for figures showing the same or similar contents		Added