

Manuscript Title:

Meniscus tears treatment: the good, the bad and the ugly.

Patterns classification and practical guide.

Journal: **the World Journal of Orthopedics**

Dear Editors and Reviewers,

Thanks for time and energies spent to revise our article. We appreciate your remarks, and we tried to correct our paper following your advice, with the hope you could evaluate positively our efforts.

Although reviewers and editors have already rated the language quality as high (Grade A), a further language polishing process was carried out by a professional English-speaking expert. In the same way, a further in-depth literature review was performed, aiming at improving the content of the manuscript, following the Editor's recommendation. Figures, Table and reference list were revised to meet the journal standards.

You can find hereinafter a point-by-point rebuttal, summarizing our answers to reviewers' comments and the changes that we have made in the main text.

We hope that this new form can achieve the standards of your journal according to your suggestions.

Sincerely,

Giuseppe Gianluca Costa, MD

Orthopaedic and Traumatology Unit

Umberto I hospital, Enna, Italy

gianlucacosta@hotmail.com

Answer to Reviewers' comments:

(Reviewers' comments= R; Authors' answers= A; Manuscript changes= C)

Reviewer 1

R: The manuscript is well, concisely, coherently organized, and presented. Contents should be improved: In general, the manuscript covers a wide range but lacks deep discussions. Some parts are not comprehensive enough. For example, the manuscript described vertical longitudinal tear and horizontal tear in detail, but need to add more and further discussion about complex tears, such as bucket handle tears and oblique tear.

A: Thanks for your suggestion. Further discussion above bucket-handle tear and their impact on knee biomechanics is added. Oblique tears, together with big flaps and horizontal tears are discussed in the complex tears. Please see the related paragraph in bad lesions

C: See additions in lines 210-214, 265-273.

Reviewer 2

R: One issue needs to be addressed, though. The Classification helps us to understand relationships and connections between things better. They also allow scientists to communicate clearly with each other, be the guide for the treatment, and tell the prognosis. The Classification must be reliable, precise, and account for the majority of the injury pattern. This classification has a few flaws in it, in my opinion. - The distinction between bad and ugly conditions is still beyond my comprehension.

A: As already stated in the manuscript, the bad lesions are defined as tears causing a significant loss of meniscus function and significantly altering knee biomechanics. However, prognosis can be good

when promptly treated. Ugly lesions include meniscus tears with detrimental effect on knee biomechanics comparable to subtotal meniscectomy and the poorest prognosis, despite improvement in surgical techniques. We hope that this definition can be clear enough for readers.

C: See lines 197-200 and lines 295-297.

R: The ramp lesion and medial meniscus root conditions you mentioned could be bad and ugly. If the medial meniscus root tear is treated promptly, the prognosis may be favorable.

A: We believe that ramp lesion can be included in bad lesions, and not in ugly lesions. This is because the prognosis is good, although it is fundamental to promptly diagnose and treat such lesions. On the other hand, literature demonstrated the medial root lesions have unfavorable outcomes, especially when compared to lateral root lesions. For these reasons, together with the significant impact on knee kinematics (that is more or less equivalent to total meniscectomy), we decided to include medial root tears in ugly lesions.

R: What does this classification's major purpose? Is this a treatment guide, a method of communication, or a prognostic statement? –

A: This classification is a method of communication aiming at offering a reader-friendly narrative review. The authors' intent is not to substitute the currently proposed classifications on meniscus tears.

C: See lines 158-164

R: Before choosing a method of treatment, there are still a number of other factors to consider. It is difficult to suggest a course of treatment based just on the tear pattern. I advise removing out the suggested treatment and substituting with the treatment results. –

A: Thanks for your suggestions. Authors suggested treatments are removed in the entire manuscript.

R: Some injuries, such as unstable longitudinal tears, stable ramp lesions, stable LMPR lesions, large flap tears, and others, still do not fall into all of the categories. While this work helps expand the published studies, it needs more clarification and needs to cover more injury patterns.

A: Thanks for your suggestions. Further details were added in the manuscript.

C: See lines 201 – 203, 241-243, 253 – 256, 265-273.