

Numbered Reviewer Remark and Manuscript Line Number	Author Response	Revised Manuscript Line Number and Text Change
<b>Reviewer #2 Comments:</b>		
The article is well written. However, the hypothesis about valgus osteotomy in late stages of LCPD this study is ill understood. In older children lateral extrusion invariably occurs sooner or later in the course of the disease, but valgus osteotomy in these cases will further subluxate the hip joint laterally and on long run having a detrimental effect on the joint	There is no significant evidence that lateral extrusion is more evident with surgery (either varus or valgus osteotomy) than with the natural history of the disease. In addition, the short-term results show that hip OA and the need for later THA is the same either with the natural progress of the disease or after any intervention (varus or valgus osteotomy) So, longer follow up is needed till the 5 <sup>th</sup> decade to answer this question.	No change
Please provide pre and post-operative details of ROM, LLD of the included patients	Table done	Table 3
How the authors plan and execute the amount of valgus and derotation during surgery?	Clarified	The degree of valgus and rotation performed was measured by using the unaffected limb as a reference. If the patient was affected bilaterally, we relied on hip arthrography and neck shaft angle (NSA) and performed the valgus and rotation to the degree that brought lateral osteophytes away from the required range of motion and made the NSA more than 130 degrees. Therefore, the degree of correction was tailored to each patient individually. (Lines 114-118).