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**Name of Journal:** *World Journal of Orthopedics*

**ESPS Manuscript NO:** 26541

**Manuscript Type:** Minireviews

**Title:** Lessons learned from the study of congenital hip disease in adults

Dear Sir,

We would like to thank the Editor and both the Reviewers for the time and effort spent reviewing our manuscript, as for your well-intentioned and constructive comments on our manuscript.

Specific comments

**Reviewer 1**

Main text Lesson 2 The first paragraph, line 6: Does the sentence, “The majority of infant dysplastic hips remain undiagnosed .....” show the current status in your country? In many countries as european countries and north american countries, asian countries, the screening system for infantile DDH has been established, and most of infantile dysplastic hips would be diagnosed, although I agree that there are many potentially congenital hip dysplasia, which develops in adolescent.

**Response:** Manuscript was changed according to reviewer’s comments (page 5, line 123).

The third paragraph, line 3: Does “the presence or not of a false acetabulum” mean “the presence or absence of a false acetabulum”?

**Response:** Manuscript was corrected accordingly (page 5, line 134).

Lesson 3 The first paragraph, line2: What are the “absolute indication” for THR for this patient group?

**Response:** Absolute indication criteria of THR in these patients were added in the manuscript (page 5, line 147-149).

The third paragraph “Restoration of the normal center of rotation of the joint”: I totally agree with your idea that the restoration of the normal center of rotation is a critical point of THRs for CDH. However, I usually achieve it by an autologous or an allogenic bone graft to the proximal defect of the true acetabulum, with or without a metal augmentation. Could you explain the characteristics and benefits of cotyloplasty comparing to the acetabular bone grafting?

**Response:** Information has been added according to reviewer’s comments (page 6, line 164-177).

The fifth paragraph “Special implants”, the last sentence: Which implants with new cementless designs do you use now? Why you have changed the implants in use?

**Response:** The senior author has been retired for the last 10 years and has no personal experience. The reference to the new designs is general statement from the more recent orthopaedic practice.

Lesson 4: In the abstract, you have mentioned about “the letters of these patients” as a verification of THR in young patients. However, there are no descriptions about the letters in this part of the main text. If it is not adequate to show the letters in this article, I suppose it may be enough to cite previous reports studying patients’ satisfaction after THR.

**Response:** A paragraph has been added according to reviewer’s comments (page 7-8, line 206-219).

Line 2: Is there any data or references about the sentence, “ these patients have pain, severe limping .... ”? I have experienced the patients without pain and psychological disorders during childhood. The sentence should be changed to “ The patients may/could have pain ... ” or “ In our country, the patients have pain, severe limping .... ” etc..

**Response:** Manuscript was changed accordingly (page 7, line 200).

Figure 2 What are the black-colored areas in the pictures of dysplasia and low dislocation?

**Response:** Data about the black-colored areas were added in the figure’s caption.

Figure 3 About line A. I was wondering if the superior limit of the true acetabulum might be difficult to be determined in a radiograph. If there are any landmarks for this line, please indicate them.

**Response:** There are no landmarks to determine the superior limit of the true acetabulum, however the CT scan can help to determine it when it is not clear in plain radiographs. An addition was made in the figure’s caption accordingly.

Ref. 10 should be published until this article will be accepted.

**Response:** We are waiting that in a few days the ref. 10 will be published. If not, we will omit it in a later stage of the publication process.

Please check the grammar and the spelling again.

**Response:** We made an effort to correct grammar and spelling errors.

## **Reviewer 2**

This is a well written review by a prominent surgeon who has a great contribution in the field of CDH treatment. However, I don't think that new

knowledge has been added, as everything in the manuscript has been analyzed in the past.

**Response:** The Reviewer argues that this review article does not add new knowledge. However, we believe that articles with the title "lessons learned" are by definition review articles based on previous author's published experience and they do not add new information.

### **Reviewer 3**

Please add small addition information about the technique of the cotyloplasty and some critical comments about the Harris pasty for better understanding for the reader.

**Response:** Manuscript was changed accordingly (page 6, line 164-177).

ESPS manuscript NO: 26541

Title: Lessons learned from the study of congenital hip disease in adults

To the editor,

We would like to thank the Editor for the time and effort spent reviewing our manuscript, as for your well-intentioned and constructive comments on our manuscript.

### **Specific comments**

Help from an English editor would be appropriate.

**Response:** An effort was made by a native speaker to improve the language .

The quality of the manuscript would improve if authors would add techniques and illustrations of trans-trochanteric osteotomy stated in the text.

**Response:** This section was re-written and more information and figures were added.

“Letters of these patients, many years after surgery, show their satisfaction for the great changes in their physical and psychological status, and in their social and family life”. Only a few letters from patients will not provide evidence of effectiveness of the treatment. Please change this statement and cite high level evidence publications.

**Response:** The presented excerpts from the letters of 3 patients are just a small sample, extracted from a large investigation performed and published by us in the Journal of Arthroplasty in 2013. In this study we investigated the long-term quality of life of 82 female young patients with CHD, especially those with low and high dislocation, followed for the minimum of 12 years. The manuscript was modified accordingly.

There are too many typos and grammar errors, for example: Page 9, “Special implants: Special small implants are needed. We have been used the

Charnley's offset bore cup in most of our cases." Change to " We have been using ---".

**Response:** Manuscript was corrected accordingly.

Page 10, "The types B and C are subdivided in the subtypes B1, B2 and C1, C2 depending to their different anatomic characteristics." Change to "depending on".

**Response:** Manuscript was corrected accordingly.

Figure legends need much work: "Figure 2 Drawing and three dimensional-computed tomographys of the three types of coronary heart disease in adults." Apparently this is a mistake: coronary heart disease!!

**Response:** We submitted a figure legend: "Drawing and 3D-CTs of the three types of CHD in adults...". The manuscript that you received has possibly some modifications from the journal's production team.

"Figure 5 Development of dysplastic hips. (A) At the age of 3 when the child was first seen by its physician." Change to "by his/her physician".

**Response:** Manuscript was corrected accordingly.

"Figure 6 Radiographs and diagrams of a female patient with subluxation of the left hip at infancy developed to low dislocation. (A) At the age of 2; (B) the final image, when the patient was 37 years old." Figure A is missing.

**Response:** The figure is included in our submitted manuscript, however we will resubmit this figure.

Thank you again for the time and effort spent reviewing our manuscript.

Yours sincerely,

G. Hartofilakidis, MD, FACS