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Hernia mesh prevent dislocation after wide excision and reconstruction of giant cell tumor distal radius

Wiratnaya IGE *et al.* Hernia mesh for reconstruction of GCT distal radius

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We really appreciate for the valuable comments by the reviewer(s)

We have responded to the reviewer comments and improved our manuscript according to his/her suggestions.

1. *The advantage of fixing the radius with a mesh, rather than with a screw. Since apparently it is understood that the mesh is acting as a non-dynamic stabilizer, a screw would provide more stability. Further a mesh has a limited time of live (was the mesh prolene made?) and provokes fibrous tissue reaction. Was interesting this fibrous reaction for anything as the pronosupination was planned to be lost or it was planned an arthrodesis between the ulnar bone and the graft?*

The goal of our paper was to show a novel method in preventing dislocation and returning full function of the wrist by using a hernia mesh. The K wire was employed to assist the mesh in preventing such dislocation. Tissue fibrosis reaction was the intended goal because we believe that the fibrotic tissue will replace the disrupted ligament and capsule between the radius and ulna as well as between the carpal and radius bones, hence enhancing the stability between the bones.

2. *Further details on the fixation of the mesh would be very much appreciated.*

We have added a more detailed explanation with regards to the mesh application.

The mesh was applied circularly. At the distal part, the mesh was sutured to the remain of the capsule and the ligament of os carpalia at the volar, while at the proximal part the mesh was sutured to the periosteum and the surrounding soft tissue, attached to fibular graft. The mesh covered the radioulnar joint.

3. *Since the lateral collateral ligament of the knee was actually removed the authors should describe the situation of the donor knee. This ligament is essential for knee stability and in knee trauma its lesion very frequently bad tolerated; even more if the biceps tendon has been divided.*

The donor knee showed no significant abnormalities since lateral collateral ligament only serves as one of the lateral knee stabilizers. Posterolateral stabilization is provided by the arcuate ligament complex, which comprises of the lateral collateral ligament, biceps femoris tendon, popliteus muscle and tendon, popliteal meniscal and popliteal fibular ligaments, oblique popliteal, arcuate, and fabellofibular ligaments; and lateral gastrocnemius muscle.

4. *The text needs minor language polishing. (“... some minor complications exist” would be “exists” or “complications”. “However, complication in term of subluxation occur in 3 cases” would be “occurs” or “complications”. Etc.).*

We have improved the English in the revised manuscript.

Thank you for your concern.

Sincerely yours,

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