

ESPS JOURNAL EDITOR-IN-CHIEF'S REVIEW REPORT

Name of journal: World Journal of Orthopedics

ESPS manuscript NO: 26168

Title: Compartment syndrome following total knee replacement: A case report and literature review

Journal Editor-in-Chief (Associate Editor): Quanjun (Trey) Cui

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ACADEMIC CONTENT EVALUATION	LANGUAGE QUALITY EVALUATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Revision
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		

JOURNAL EDITOR-IN-CHIEF (ASSOCIATE EDITOR) COMMENTS TO AUTHORS

The manuscript should include a section of Results of Literature Review (before the Discussion section), which can basically use information in the current discussion section. The below paragraph can be divided into two parts, with some of the content moving to the new section of "results of literature review" and some of them remaining in the section of discussion: "A literature review showed that the time period from TKR to fasciotomy ranged from 14 to 192 h (Table 1). Such variation may be attributed to the masking effect of spinal/epidural anaesthesia. According to our review, 8 out of 25 patients who underwent fasciotomies had no complications. However, 15 patients developed complications: 8 of whom had permanent foot drop, one patient underwent an above and another patient below knee amputation. It is therefore important to intervene in a timely fashion and have a low threshold of performing a fasciotomy to prevent such serious complications. On the other hand, a recent review of 6 cases of compartment syndrome post TKR showed overall high complication rates associated with treatment in this group of patients[3]. In particular, 2 patients developed periprosthetic infections one of whom ended up with an above knee amputation and 2 developed foot drops. As a result, authors suggested that surgeons need to maintain a relatively higher threshold for performing a fasciotomy following TKR in comparison to trauma patients who develop a compartment syndrome. However, it is worth mentioning that in this case series, all patients had undergone a spinal anaesthetic and that most of the patients also underwent vascular



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procedures prior to the fasciotomies. This may have adversely affected the result of the fasciotomies which were delayed in favour of such vascular interventions. In our case, had it not been for our low threshold for surgery and high index of suspicion, our patient may have developed complications. Therefore we disagree with the suggestion of delayed intervention and support early treatment to avoid any complications. We believe that a combination of using a tourniquet and maybe thromboprophylaxis were contributive factors for developing compartment syndrome in our patient. However, the use of regional anaesthetic certainly added to the delay in presenting the symptoms as well." Please rewrite and resubmit for review. Thanks.