Author's response to reviews

Title: Impact of associated injuries in the Floating knee: A retrospective study

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Author's response to reviews: see over
To
The Editor
BMC Musculoskeletal disorders.

Thank you for the suggestions for improving our manuscript. The concerns of the reviewers have been addressed and the manuscript has been revised. The response to the reviewers is given below.

Reviewer 1

Thank you for the suggestions

1. The duration of follow up has been included in the revised manuscript.
2. In the manuscript we have not equated delay surgery & prolonged surgical time as indicators of severity of injury. The Injury Severity Score (ISS) has been included in Table 4 as per your suggestion. Due the inherent weakness in calculating the ISS, our patients with high ISS had excellent results. According to our study therefore we could not conclude that a high ISS had a direct influence on the outcome.
3. Although an MRI is the gold standard investigation for evaluating knee ligament injuries, with a floating knee performing an MRI prior to surgical stabilisation of the fractures would cause problems in the patient who may be haemodynamically unstable. After surgical stabilisation of the fractures there may be interference artefacts from the metal work, preventing proper visualisation of the knee ligaments. We feel that a clinical assessment under anaesthesia followed by a diagnostic arthroscopy is the best method of assessment of ligament injuries in these patients.
4. Although all patients in our study were employed prior to the accident and most of them returned to their previous jobs (25/29), we have not calculated the loss of earning in these patients. Therefore we have not been able to include this detail in the study. As all patients were assessed by the Karlstrom criteria, any patient with excellent or good result should have gone back to his or her previous work (See Criterion: Work & sports in the Karlstrom assessment table) and this fact is self explanatory.
5. Among the 29 patients only 3 patients did not have associated injuries therefore a comparison of the effect of associated injuries with such a small group would be inappropriate. We have included the surgical duration, delay in rehabilitation and final outcome of all patients in Table 4. This would give an indication about the difference in patients with isolated floating knee as opposed to those with associated injuries.
6. We have revised the conclusion of the paper. Although we have mentioned about delay in rehabilitation with associated injuries (results section), we have not correlated this with poor outcome. The outcomes were based on the Karlstrom assessment criteria. This has been mentioned in the manuscript.
Reviewer 2

Thank you for your suggestions

1. We understand your concerns with regards to prolonged surgical duration in fixation of associated injuries as it is obvious that an additional procedure would take more time. Our emphasis on this point was that the surgical duration would be reduced if 2 teams can perform the surgery simultaneously where possible. The statement has been removed from the manuscript including the statistical analysis.

2. The statement on outcomes has been included earlier in the results section.

3. The limitation of the study (small sample size) has been included in the discussion.

4. The conclusion has been completely revised as per your suggestions.

5. All the minor essential revision points have been addressed to in the revised manuscript. (The term “mean” has been included where appropriate, the p values have been removed as the statement on surgical duration has been removed and the statement on impact of contra lateral fracture of femur & tibia has been revised.

The revised manuscript read much better. Please do consider this manuscript for publication in your esteemed journal.

Thanking you,

Yours truly,

Mr Ulfin Rethnam