Author’s response to reviews

Title: No red cell alloimmunization or change of clinical outcome after using fresh frozen cancellous allograft bone for acetabular reconstruction in revision hip arthroplasty: a follow up study

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Dear Editors,

we are grateful for the valuable comments of the reviewers concerning our submitted paper:

“No red cell alloimmunization or change of clinical outcome after using fresh frozen cancellous allograft bone for acetabular reconstruction in revision hip arthroplasty: a follow up study”

We revised our manuscript as suggested by the reviewers:

Reviewer 1 (Charles Ayekoloye)

We agree with the reviewer’s objection that a prospective randomized study would have been a better method, especially when comparing the clinical and radiological outcome, but that was not possible due to our semi-retrospective study design. We already addressed that in the conclusions part. On the other hand a randomization is not necessary for detecting antibodies in transplanted patients.

There are some rare cases of Rh(D)-alloimmunization after allografting as we mentioned in the conclusions part (sources 18 and 19).

In our study we detected no alloimmunization. As criticized that could be due to the relatively small number of screened patients. However, we discussed that in the conclusions part (“Despite the fact that we found no antibodies and according to the current standards, we still recommend transplanting only Rh(D)-negative bones to Rh(D)-negative women of childbearing age”).

Reviewer 2 (Farhan Alvi)

We did only screen for the most important blood group antigens (ABO and Rh). We added that information in the methods part: “We did not screen for further blood group antigens.”
Infectious diseases screened for: HIV, Hepatitis B and - C, syphilis. We added that information in the methods part: “Besides blood group determination (AB0 and Rhesus) donors were screened for infectious diseases (HIV, Hepatitis B and -C, Syphilis) before and at least six weeks after surgery according to the local guidelines for operating a bone bank.”

Calculation of confidence intervals was not performed because for statistical analysis we used Pearson correlation coefficient to measure the dependence between different variables (age versus Harris hip score, acetabular defects versus Harris hip score). We mention only two p-values in our paper.

We assume that we addressed all concerns of the reviewers and hope that our paper is now suitable for publication.

Sincerely yours,

Torsten Kluba et al.