Author's response to reviews

Title: Morphometry of the suprascapular notch: correlation with scapular dimensions and clinical relevance.

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Version: 4 Date: 20 March 2013

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Rome, March 20th 2013

Dear Editor,

thank you for giving me the opportunity to revise the paper: “Morphometry of the suprascapular notch: correlation with scapular dimensions and clinical relevance.”

When possible we have corrected the paper as suggested by the reviewers.

Below you will find the corrections as ask the reviewers.

Reviewer #1

Question n.1

As we explained in the text:

“Our research was performed in compliance with the Helsinki Declaration. The ethical board of our university gave the approval for this Study”

Since all scapulae belonged to anatomical collections and were freely available, our ethical board specify that there was no need to create a specific project.

Question n.2

We used Renganchary’s classification since it is a widespread and well-assessed
system. In our opinion it is a simple, reproducible and unbiased method of classification. In addition it has already been used in several studies and it allowed us to compare the results.

Materials and methods section lines 167-170

Question n.3

We add the information required in the discussion section lines 242-256

Question n.4

We discuss this issue in the discussion section lines 266-282

Question n.5

Although anatomical variations of the anterior coracoscapular ligament (bifid and trifid STSL) are important factors influencing the suprascapular nerve entrapment syndrome, they can only be evaluated in vivo, while our sample was assembled using dried scapulae. This is a limit of our study and also the reason why we cannot be able to discuss this specific issue.

We introduced the limit of the study in the manuscript lines 354-360

The ossified STSL was already discussed in the manuscript.

Question n.6

We found very useful the additional literature suggested. We introduced it in the new manuscript.

Reviewer #2

Question n.1

We introduced a schematic illustration explaining Rengachary’s. Figure 1.

Question n.2

We explain the safe zone in lines 100-117

Question n.3

We modified the text as requested.

Question n.4
One of the authors (AR Vestri) is a prominent biostatistician of our Department. She developed all the statistical analysis presented in the manuscript.

ICC was performed using SPSS v.18 (line 184)

The ICC was not further explained since it was elaborated only to assess the reliability of our measuring method, since it is a common and well-known biostatistical tool, since we have already presented and discussed in the article a large amount of primary data more relevant than ICC.

Question n.5

In type I notch, the width was measured from the base of the coracoid process (medially) to the superior border of the scapula (laterally). The measured line was considered parallel to the maximum transversal axis of the scapula. The depth was measured from the line representing the width to the lowest point of the notch. In our opinion, these were the only distances useful for the characterization of the notch, since the origin and insertion of the STSL were not recognizable.

We state that suprascapular nerve entrapment is more likely to occur in Type III notch referring to our analysis of the width/depth ratio. Although the distances of type IV notch resulted averagely lower than those referred to type III, the width/depth ratio (expressing the area of the notch) resulted lower in type III. Consequently, type III notch presents averagely a smaller space available for the suprascapular nerve, and it increase the possibility to have a case of suprascapular nerve entrapment.

We clarify our point of view in lines 322-344.

We appreciated very much your comments.

Best personal regards,

Dr. Paolo Albino (MD)