Reviewer's report

Title: Treatment Strategies in Acute Traumatic Osseous Bankart Lesions Resulting from First Time Dislocation of the Shoulder A Two Year Follow-up Study

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Reviewer: Alexander Auffarth

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Review on

Treatment Strategies in Acute Traumatic Osseous Bankart Lesions Resulting from First Time Dislocation of the Shoulder

A Two Year Follow-up Study

In my experience, the size of a glenoid rim fracture after a first time traumatic anterior shoulder dislocation can be the origin of a later glenoid defect which may further on need to be addressed by reconstructive surgery. In this respect the manuscript seeks to answer the interesting question of which defect should be treated surgically and offers the authors’ suggestions on how this could be done. Yet, there are some important questions that need to be answered before this manuscript should be accepted for publication.

Major Compulsory Revisions

1) The authors provide a retrospective analysis of treatment strategies in cases of first time traumatic anterior shoulder dislocation. Still, the study design is somehow unclear to me:

page 4: „All patients with a fracture size of 5% or more were recommended to undergo operative reconstruction.“

If a CT scan had been performed right after reduction, so why wasn’t this investigation designed as a prospective one, when patients had apparently been assigned to one or the other treatment option between 2004 and 2006? This needs clarification.

2) Further, I would not call this a case control study, since the two groups of patients greatly differ in defect size and, which is less important, in age.

3) Patients included in the investigation have apparently been treated between February 2004 and March 2006. Therefore a 7-9 year follow-up could be reported on, but the investigation is declared as “A two year follow-up Study”. Please explain.

4) In respect of the above: on page 5, paragraph 1 of results, just the mean
follow-up of two years is mentioned. Please provide more precise data, meaning minimum, maximum and average follow-up for both groups.

Minor Essential Revisions

1) Page 4, paragraph 1: can you explain, why the patient with an 8% defect was treated by a latarjet procedure, instead of using absorbable suture anchors, even if the fragment was comminuted?

2) Table 1: 3 patients with fragments of 18, 21 and 25% were treated just with suture anchors instead of an ostosynthesis while other patients with smaller defects got screws and anchors? This represents a rather heterogenous surgically treated group!

How many surgeons treated the patients?

Size of the fragment may apparently not have defined the surgical strategy; please explain!

Discretionary Revisions

1) Page 4, paragraph 2&3: for either group, immobilization for 6 weeks seems rather long.

2) Page 6, paragraph 1: “average fracture size in the operatively treated group averaged 15%“ Delete „average“ once.

3) Page 8, paragraph 2: „treated by a coracoids transfer“: should spell coracoid transfer.

4) Page 9, paragraph 1: „osseous bankart defects“: should spell bankart lesions.

5) Page 9, paragraph 2: „ The limitations of this study are the restricted number of patients included in this study“: delete „in this study“ at the end of the sentence.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests