Reviewer's report

Title: Evaluation of a Treatment Algorithm for Acute Traumatic Osseous Bankart Lesions Resulting from First Time Dislocation of the Shoulder A Two Year Follow-up Study

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Reviewer: Björn Salomonsson

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Review on

Evaluation of a Treatment Algorithm for Acute Traumatic Osseous Bankart Lesions Resulting from First Time Dislocation of the Shoulder
A Two Year Follow-up Study

I now find most of the important questions answered, and there are only some small points to enhance understanding of the study and the text.

1. It now has a clearer question
2. And a better methodological description.
3. The analyses seem sound.
4. Text is OK
5. Conclusion is OK
6. Limitations are stated
7. References are updated
8. Abstract and Title ok.
9. Only minor adjustments

Discretionary Revisions

1) I believe it to be informative to be even clearer what type of treatment that is discussed in different studies. Examples:
Page 2 line 54: less favourable outcomes in patients after arthroscopically treatment of chronic bony Bankart lesions
Page 3 line 59: may be shown in a cadaveric study of surgical treatment with a Bankart repair [3].

2) I also in some places had some difficulties identifying if you discuss your study or the references. In some places “this study refers to a reference, and like in page 3, line 76 it is your study. Examples (as I understand):
Page 3, line 60: In this study by Bigliani an osseous repair was recommended.
The study by Sugaya suggested arthroscopic or open reconstruction with fixation of the osseous fragment in cases with small and medium sized lesions.

3) To clarify your algorithm, is this what you mean?

therapy, our treatment algorithm recommend conservative

Page 3, line 70-71. therapy to patients with a small osseous Bankart lesion (<5 %) if stable and concentric reduction is obtained, and a surgical approach in cases with medium or large lesions as well as small lesions that are not stable or concentric after reduction.

Page 4, line 91: the glenohumeral joint in all patients with a glenoid rim fracture on plain radiographs.

Page10, line 246: patients, with a glenoid rim fracture on plain radiographs, to evaluate an accurate measure of defect area.

4) Other:

Page 3, line 78: May 2006

Page 6, line 138: You discuss resorption of the bony fragment, but you do not have radiographs at f.u? Where there not even in the unstable ones? No notes on resorption or healing in these 3 cases?

Page 6, line 142: Was the deficit measured compared to the other shoulder, or any other way?

Page 6, line 144: Perhaps you should refer to table 1, to see which patient/treatment had a release.

Page 6, line 146: Was the rotation deficit and Rowe score at follow up, but after the release (or before release?).

Page 6-7: line 156-9: Rephrase? Had the arthroscopic treatment open surgery?

“The four arthroscopically treated patients had no intra- or postoperative complications, though two patients had relevant outer rotation deficits. One of them was treated by an open approach and internal fixation. The other one was treated with coracoid transfer.”

Perhaps you mean:

The four arthroscopically treated patients had no intra- or postoperative complications. Two other patients had relevant outer rotation deficits. One of them had been treated by an open approach and internal fixation, the other one had a coracoid transfer. ? Refer to table 1?

Page 9, line 212: showed promising outcomes in those patients without recurrent. Would be “recurrences” or “recurrent instability”?

Page 9, line 221: There are currently

Page 9, 233: results of Porcellini, Salomonsson,
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare that I have no competing interests