Author's response to reviews

Title: Outcome of bone defect reconstruction with clavicle bone cement prosthesis after tumor resection: a case series study

Authors:

Bin Lin (hy1232@126.com)
Yong He (hy1232@126.com)
Yang Xu (hy1232@126.com)
Mo Sha (hy1232@hotmail.com)

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Author's response to reviews: see over
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Title: Outcome of clavicle bone cement prosthesis for reconstruction of bone defect after tumor resection in five cases: a case series study

Authors:
BinLin (hy1232@126.com)
YongHe (hy1232@126.com)
YangXu (hy1232@126.com)
MoSha (hy1232@hotmail.com)

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Author's response to reviews: see over
The Biomed Central Editorial Team

Object: MS: 1304435312112158 - Outcome of clavicle bone cement prosthesis for reconstruction of bone defect after tumor resection in five cases: a case series study. Dr BinLin et al.

Thank you for consideration of our manuscript for publication in your journal. We have reviewed the above manuscript according to your reviewer’s comments

Reviewer # 1 (Dr Barbara Rossi)

Major Compulsory Revisions:
1. Partial or total cleidectomy is associated with adequate shoulder mobility and mild functional deficit. Therefore, the extent of clavicle excision during tumour removal does not seem to determine the functional outcome of the affected shoulder. However, the authors describe an interesting method for reconstruction. The functional and aesthetic advantages should be highlighted against the fearful risk of infections and wound complications in a such superficial localisation. this issue should be remarked in the discussion.
   It has been changed as the reviewer indicates. (page7)
2. I found the manuscript very difficult to read with many sections in which the English grammar and usage were awkward. To ensure it is clearly understood, the manuscript requires editing by a native English speaker or someone fluent in scientific writing in English to make certain that the material is presented clearly and succinctly.
   It has been changed as the reviewer indicates.
3. in the case series an osteochondroma is included, but it is not a malignant tumor... probably, do the authors mean peripheral chondrosarcoma?
   The reviewer is correct and we have changed. (page4)
4. As it seems that the authors utilise the same procedure of reconstruction described by Vartarian, this method of reconstruction should be more extensively laid out in the introduction.
It has been changed as the reviewer indicates.

5. the use of antibiotic prophylaxis and cement with antibiotics should be mentioned in patients and methods and then discussed in relation to the outcomes (no postoperative infections reported)

   All cases were performed cefuroxime intravenously before surgery, we use cement with antibiotics for reconstruction. There was not infections after operation.

Minor Essential Revisions:
1. the word "detect" in the title and all along the manuscript should be changed in "defect". Moreover the number of cases described should not be mentioned in the title.

   It has been changed as the reviewer indicates.

2. Many spelling, typographical, grammatical and punctuation errors have to be corrected. Sentences are too long (introduction-third sentence, discussion-first paragraph).

   It has been changed as the reviewer indicates.

3. the first name (Barbara) of the author Rossi should be removed

   It has been changed as the reviewer indicates.

4. More extensive figure legends should be provided

   It has been changed as the reviewer indicates.

Reviewer # 1 (Dr ZhengGuo)

1. Is there a functional difference between the medial and lateral reconstruction of the clavicle? What causes the “mild pain at long term after operation”? Is it acromioclavicular joint instability, sternoclavicular joint instability or interface instability?

   The functional difference between the medial and lateral reconstruction of the clavicle was not evaluated.

   The reasons of “mild pain at long term after operation” were pseudarthrosis formation and it will not reach the osseous fusion after reconstruction.
This method will lead to acromioclavicular joint instability.

2. The authors should compare their results to the outcomes of other peer-reviewed literature.

It has been changed as the reviewer indicates

3. Has the author observed any micro-motion at the bone-cement interface? If there’s any, how to increase the stability between bone and cement?

We considered that there is micro-motion at the bone-cement interface on the basis of clinical symptoms, but we did not observe micro-motion according to imageology after operation. This need further confirm.

In this process, use K-wire or screw would increase the stability between bone and cement, however, it increase risks of vessel and displacement of implant.

4. Spelling and grammatical errors like “detect” (should be defect) should be corrected. Recommend for further language polishing.

It has been changed as the reviewer indicates