Author's response to reviews

Title: Bilaterally Primary Cementless Total Hip Arthroplasty in Patients With Ankylosing Spondylitis

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Author's response to reviews:

Dear editor:

Thank you for your attention to our article. I will answer the reviewer’s comments point by point.

Reviewer's report
Title: Bilaterally Total Hip Arthroplasty in Patients With Ankylosing Spondylitis
Version: 2 Date: 14 August 2014
Reviewer: Ayman FAHIM

Reviewer's report:

Discretionary Revisions:
Title: Arthroplasty >> Arthroplasty
Answer: Thank you! I corrected it as your suggestion.

Author should consider space after each (,) in the following lines:
§ 9
§ 35
§ 36
§ 40
§ 42
§ 46
§ 47
§ 53
§ 54
§ 79
§ 84
§ 87
Answer: Thank you! I corrected them as your suggestion.

Author should consider space before the brackets ( ), in the following lines:

§ 34
§ 36
Answer: Thank you! I corrected them as your suggestion.

• Minor Essential Revisions

• In the Figures, it is better to mention that this is the patient No. ( ) out of the 13 operated patients as per the attached Table.

Answer: Thank you! I did it as your suggestion. In the Figures, this is the patient No. 12 out of the 13 operated patients in Table 1.

• Line 81
All patients received bilateral THA in a single day.
Should be
All patients received bilateral THA in a single session.
Answer: Thank you! I corrected it as your suggestion.

• Line 84
After detaching the external rotators, the femoral-neck resection line was identified
Should be
After detaching the external rotators, the femoral neck resection line was identified
Answer: Thank you! I corrected it as your suggestion.

• Lines 137 -142
Osteolysis due to polyethylene wear was found in 3 hips (out of the 3 hips, one patient with two hips). The patient with bilateral osteolysis at the acetabular and femoral sides underwent polyethylene liner exchange with bone grafting of the osteolytic lesions bilaterally........The other patient had osteolysis at the acetabular side in the left hip with cup loosening and was revised 103 months after index operations.
Answer: Thank you! I corrected it as your suggestion.

• Line 185
Fixed abduction and flexion presents the opposite possibility, ie,
Should be
Fixed abduction and flexion presents the opposite possibility, i.e.,
Answer: Thank you! I corrected it as your suggestion.

Reference
Should be
References
Answer: Thank you! I corrected it as your suggestion.

Major Compulsory Revisions

• Title:
Arthoplasty >> Arthroplasty
Answer: Thank you! I corrected it as your suggestion.

• Abstract:
Background: The purpose of this study was to document the clinical and radiographic results of a consecutive series of patients with Ankylosing Spondylitis (AS) who had undergone bilaterally primary THA using noncemented components.
Answer: Thank you! I corrected it as your suggestion.

• Preoperative:
- X-ray templating was undertaken to carefully plan anatomical reconstruction and assess the use of the most appropriate approach depending on patient anatomy.
- Preoperative parenteral antibiotics and prophylaxis for deep vein thrombosis was used in all patients.

• Postoperative care:
…Should start from….
(Prophylactic anti-inflammatory drug was used to prevent heterotopic ossification.)
Answer: Thank you! I corrected it as your suggestion.

Reviewer’s report
Title: Bilaterally Total Hip Arthroplasty in Patients With Ankylosing Spondylitis
Version: 2 Date: 28 July 2014
Reviewer: Albert ARMAN RIERA

Reviewer’s report:
Major compulsory Revisions:
- Which is the main cause of the abductor’s dysfunctions in those patients? Only the ankylosis? How do you measure this?
Answer: The main cause of the abductor’s dysfunctions in those patients is
ankylosis. In this study, only bony ankylosis cases were included. We measure it by X-Ray. All the patients had bilateral bony ankylosis with 0° range of motion (ROM). Contraction of the abductor muscle was palpable in all hips in this study. Patients without functioning abductor muscle were not indicated for conversion of their hip arthrodesis to THA.

- Which antiinflamatory do you use in order to prevent the heterotopics calcification?

Answer: In our study, the patients were given 25mg Indomethacin prophylaxis three times a day for 2 weeks postoperatively.

- Why do you choose uncemented prosthesis? I mean, in your opinion why do you reject the cemmented one’s?

Answer: The current well accepted treatment for advanced symptomatic disease of the hip in AS is total hip arthroplasty, and a number of authors have reported their results using cemented techniques. In our study, we would like to report the clinical and radiographic results of a consecutive series of patients with AS who had undergone bilaterally primary THA using uncemented components. In our opinion, these patients are relatively young and active maybe another reason for using uncemented prosthesis.

- In your opinion which is the reason that makes this bads results more than 10 years after the surgery?

Answer: In this study, loosening is the reason that makes this bads results more than 10 years after the surgery. Radiographic evidence of cup and stem loosening was detected in 2 patients bilaterally (4 hips). For one patient, the left hip was revised 135 months after the index operation and the right side was revised 141 months after index operation. For the other patient, the right hip was revised 149 months after the index operation and the left side was revised 155 months after index operation.

Minor essential revisions:

- One or two drains after the hip surgery? why? How many time do you use it?

Answer: I am sorry, I did not describe clearly in my article. In our study, each wound was closed with a drainage tube. A Drainage tube was removed when the volume of drainage was less than 50 mL.

- Do you think this point affect the rehab?

Answer: In our study, this point did not affect the rehab. Patients were usually allowed to walk with support after three days, and full weight bearing was permitted after at least two weeks.

Level of interest: An article of limited interest

Quality of written English: Acceptable

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

Declaration of competing interests: No