Author’s response to reviews

Title: Type 2 diabetes seems not to be a risk factor for the carpal tunnel syndrome

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First of all, we want to thank the section editor, Dr Anita Wluka, for her time to review our manuscript and the valuable suggestions. In the remaining of this document we will address her comment. Please also see our revised version of the manuscript with changes highlighted in yellow.

We did our utmost best to address the concerns raised by the section editor in a comprehensive manner. Of course, we always welcome further arguments and suggestions.

1. However, we need to raise a significant concern, which needs to be addressed prior to consideration for acceptance. A major limitation of this study is that many with diabetes are undiagnosed.

   Thus the measure of exposure is limited. In the authors’ opinion, is this likely to cause differential or non-differential misclassification bias? Could those undergoing back surgery may be more likely to be checked for this prior to major surgery (ascertainment bias?). What effect would this have on the results of the study? This needs to be taken into account when interpreting these findings.

   This issue needs to be addressed and added as a limitation.

   The section editor has a good point here. Prior to operative treatment of a carpal tunnel syndrome or an HNP, all patients are screened by a standardized protocol. Screening for the presence of diabetes mellitus is also part of this protocol. Of notice, the protocol is the same for an operation for CTS or HNP. So, in answer on the comment raised: it is not likely that there are differences between the operated cases and controls (of the present study) in the degree in which they are screened for having diabetes.

   Nevertheless, not all patients with an CTS have had an operative treatment. Those patients did not have an preoperatively consultation either. This could indeed have caused differential misclassification bias.

   We mentioned the possibility of differential misclassification bias and differences in pre-operative screening magnitude and possible consequences as a limitation in the discussion section of our article:

   (page 9, line 201 - 206) “Moreover, although both the operated CTS and HNP patients had the same kind of pre-operative screening in which the presence of DM was assessed, we cannot exclude the possibility of more intensive screening in one of the two groups which may have resulted in a different DM prevalence within and between the two groups. Furthermore, differential misclassification bias could have occurred because conservatively treated CTS patient have had no preoperatively consultation.”