Reviewer's report

Title: Less Invasive Achilles Tendon Reconstruction

Version: 1 Date: 14 July 2007

Reviewer: Jon Karlsson

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Comments to authors

1. INTRODUCTION/BACKGROUND

The Introduction (I would prefer to name it Introduction and not Background) is brief and well written. The controversy is clear, i.e. there is no “gold standard”

The following issues need to be clarified.

1. Page 3, line 1. “Chronic…must be defined. There are several …”chronic”… Achilles tendon ruptures and they do not behave identically, like…”rerupture”… or …”neglected”…

2. Page 3, line 10. The authors mention 12 patients. In my opinion, they should either give a (more) detailed report on these patients or skip them altogether.

3. Page 3. The purpose should be stated.

4. Page 3. Please mention advantages and disadvantages with the different methods (references # 1-11). In other words, why is the “new method” potentially better?

2. TECHNICAL DESCRIPTION

1. Page 3, lines 21-22. The authors write …”Care is taken to prevent damage to the sural nerve”… how is it done?

2. Page 3, lines 13-14. Please delete…”which is inflated to 250 mm Hg after exsanguination”… this is obvious.

3. Page 4, lines 13-15. The authors mention the differences between peroneus
brevis and peroneus longus. However, I do not really understand why, as the peroneus longus is not a part of the surgery. So, please either make this clear or delete.

4. Page 4, line 19. Please delete …"Using an 11 bade”… in fact, all over; I would like to ask the authors to delete obvious parts of the surgery.

5. Page 4, two last lines. I do not understand what the authors mean by …"This may require further retraction”… please rewrite (or explain).

6. Page 5, line 2. The authors write…”Visual inspection confirms the plantar flexion of the ankle”… my question is how? What do the authors really mean?

7. Page 5, lines 3-7. I would suggest the authors delete this (or the major part of) this paragraph. It is obvious that the wound needs to be closed, it should be done very carefully, in order to reduce the risk of hematoma and possible wound break-down.

8. Page 5, lines 8-13. Please give a more detailed description of the post-operative care. For instance, the physiotherapy should be carefully described. In fact, I would suggest the authors to reconsider in terms of the post-operative care. In my mind, they are taking a risk here, for instance in terms of rerupture or lengthening (of course, I don’t not know this, but they authors are not giving us any numbers, which might proof that this kind of post-operative care is sufficient). Taken as a whole, I would be more careful, anyway. This also means that a full clinical study is needed.

3. RESULTS

There are no Results. In my mind, the failure risk might be explained.

4. DISCUSSION

The Discussion is not overly long and it includes a sound review of the existing literature. The authors could, however, do a bit better when putting their results into context.

There are a few issues that should be reconsidered

1. The study Discussion should start with a sentence like…”The principal findings of the present study were….”

2. The authors should discuss the “clinical relevance”. Why is their new method better (or potentially better than existing methods)?

3. Page 6, lines 11-13. The authors once more discuss the peroneus longus tendon/muscle. Why?


5. Page 6. In general terms, how often does a wound break-down happen? Please be more detailed.

6. Pages 6-7. Please discuss advantages and disadvantages of the “new method”.
7. Pages 6-7. Please discuss advantages and disadvantages of the “old methods” and compare the pros and cons of the new and the old methods.
8. Page 6-7. Limitations are not mentioned. Please reconsider.

5. CONCLUSIONS

Please see above

6. ABSTRACT

The abstract is structured and well written. However, a clinical conclusion is needed. Please rewrite.

7. TITLE

The title of the study is not really appropriate; how do the authors really know that this method is ...“less invasive”... and ...“less invasive than what”... this is not a comparative study. Please redo the title.

8. FIGURES

There are 15 figures, quite many in other words. Many of the figures are good, but not all. Some of them are rather “bloody”, and therefore do not show well what they are planned to do. I would suggest the authors to reduce the numbers of clinical photographs and ask a medical illustrator to draw the principles of the operation in 2-3 figures instead. Probably, it will show the technique even better.

9. REFERENCES

The references are many, and the classic references of Lindholm, Christiansen and Silfverskiöld are missing. Please reconsider.

10. TABLES

N/A

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

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'