Reviewer's report

Title: Post-traumatic glenohumeral cartilage lesions: a systematic review

Version: 1 Date: 27 February 2008

Reviewer: eric mccarty

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This systematic review on Post Traumatic Glenohumeral Cartilage injuries poses an interesting topic and has some very well done parts, however it does lack in some important methodological aspects. The article does not clearly define the level of evidence of the studies that it searched. This is critical as it appears most of the search involved studies that were of Level IV evidence. This is a critical factor as the comparisons and assumptions that are made may in fact be largely flawed. For this chief reason I would recommend revision with inclusion and reworking of the manuscript to reflect the Level of evidence of the studies that were searched and the results.

Apart from the aforementioned, the paper does appear to have the appropriate search of various literature. The other methods are appropriate.

Page 7: Para 3: what is the level of the studies regarding degenerative changes seen with and without cuff tears?

Page 8: Para 1: same question as above, this is important as a generalization is made regarding more djd seen with patients with cuff tears, but the issue is what is the level of evidence and what are the characteristics of the patients in these groups (are they similar in age, activity, etc)

Page 10 Para 2: this is very confusing as this statement in trying to distinguish between two main categories. The single impact does often affect other structures and typically is not isolated to cartilage only. Please clarify regarding this.

Page 11, Para 1, line 11: cuff tears may be related to decreased blood flow in addition to the other factors as listed.

Page 12, Para 1 line 2: please clarify that this is correct statementâ¥not sure this is verified by the literature that chronic traumatic shoulder degeneration due to cuff damage increases with age. There are many factors and cuff damage may not be the main factor. If one looks at shoulder replacements that are performed, a majority of these are performed in patients with djd and an intact cuff. Chronic shoulder djd is due to many causes and cuff damage is likely only one part of the
equation. The other factors should really be looked at better in this paper.