Author's response to reviews

Title: Congenital Anterolateral Tibial Bowing and Polydactyly: Case Report

Authors:

Edmond G Lemire (edmond.lemire@saskatoonhealthregion.ca)

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Thank you for considering the above manuscript for publication in your journal. I have examined the reviewer's reports. The second referee did not suggest any revisions. The first referee had three suggestions which I have addressed in the revised manuscript:

1) resemblance of greenstick fracture to partial duplication of the tibia --- I have added the following text to address this:

"Interpretation of the radiograph was complicated by the presence of a fracture and periosteal reaction such that tibial duplication could not be excluded." P.3

"An MRI of the brain and right lower extremity was performed. No abnormality of the brain was identified. Tapering and cortical thinning of the mid-aspect of the tibia was observed. The anterior cortex appeared continuous while callus formation along the posterior aspect of the mid-tibia was present. There was no definitive evidence of duplication of the tibial medullary canal nor was a pseudarthrosis identified." P.4

"Tibial duplication with two medullary canals surrounded by distinct cortices has been described." P.6

"In our patient, the anterolateral tibial bowing was complicated by the presence of a fracture and resultant periosteal reaction making it difficult to confirm or exclude tibial duplication on x-ray initially. However evidence of tibial duplication could not be identified subsequently on MRI." P.6

2) Duplication in the foot extends to tarsal bones and potential for ongoing foot problems --- the following was added:

"There was partial duplication of the phalanges and first metatarsus, but given the patient's young age, no comment could be made on the medial cuneiform as it had not ossified. Radiographs taken subsequently when the child was older suggested possible duplication of the medial cuneiform." P.3

"The duplication in the foot may not be limited to the hallux, but may also involve the first metatarsus and tarsus." P.6

"Follow-up at age 2 years 5 months demonstrated no problems with ambulation..."
or foot pain. The patient was wearing wider shoes to accommodate the mild varus deformity of the right hallux. There appeared to be a clinically insignificant leg length discrepancy with the right lower extremity being shorter than the left." P.4

"...however there may be ongoing difficulties with pain and foot deformity." P.6

"He remains pain free and does not appear to have a clinically significant foot deformity. He is being followed closely for evidence of any orthopedic complications." P.6-7

3) Fibular overgrowth --- the following changes were added:

"The fibula is often straight without any apparent signs of involvement, but with time there may be problems with proximal fibular overgrowth." P.6

I hope these revisions are acceptable. As mentioned in my previous email, I have withdrawn my manuscript from consideration by the second journal following the mix-up. Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

Edmond G. Lemire