Reviewer’s report

Title: Knee Injuries in Multiple Traumatized Patients: a Trauma Registry Study in 3,458 patients

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Reviewer: Philipp Kobbe

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This paper investigated morbidity and mortality in polytraumatized patients with knee injuries using data from the German Trauma Register. The results show that polytraumatized patients with knee injuries have more often traffic accidents and that these patients have a longer ICU and hospital stay resulting in higher treatment costs.

In general, this is an interesting paper, however there are some major issues that need to be addressed.

Major issues:

A p-value < 0.01 is considered as statistically significant. Table 1 therefore shows that both groups significantly differ in injury severity and age. Throughout the manuscript this statistical difference is not mentioned (not even in the results part). In the abstract it is even written that “Injury severity and sex distribution were comparable between the groups”. This is also stated in the discussion “...despite similar injury severity scores to the Non-knee group”. If the standard p-value of <0.05 would be used also the sex distribution would have been statistically different.

A significantly higher ISS in the Knee Group however would explain the increased length of ICU and hospital stay and the higher treatment costs, etc. Therefore, parts of the discussion are confusing because the ISS appears to be significantly higher in the Knee Group (assuming that table 1 is correct).

Maybe the authors could also comment on the short-comings of the ISS in terms of underestimating the overall injury severity of patients with more isolated musculoskeletal injuries.

Overall this is an interesting approach to this clinically relevant issue; however this manuscript needs thorough corrections.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

I have no competing interests.