Author's response to reviews

Title: Partial Isolated Rupture of the popliteus tendon in a professional soccer player. A case report

Authors:

   Pier Paolo Mariani (ppmariani@virgilio.it)
   Fabrizio Margheritini (fab.mar@iol.it)

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Author's response to reviews: see over
Letter of reviewer number 1.

My personal thanks to reviewer who has spent his time for improving my paper!!

1) I added the anatomy and the references concerning the anatomical variants at the beginning of Discussion Chapter.
2) I have added that the other tests, in order to rule out pathology of lateral compartment, have been performed.
3) I specified better the only sign (pain) that I found at clinical examination.
4) The reference of Staubli has been added
Letter to Reviewer number 2

My personal thanks to reviewer who has spent his time for improving my paper!!

Title: modified

Remarks of page 3: The player did not have any problems before the described injury. I have specified also here that the injury occurred during a game of the First division.

The reviewer is right. Probably there was a videotape available in some TV broadcasting and I saw the scene of the save performed from this player but the cameramen was more focused on the shot and I did not receive any further information from the videotape.

The suspected diagnosis before the arthroscopy was a ligamentous problem located at meniscal hiatus of popliteofibular ligament. The absence of snapping or a very precise location of pain induced me to rule out other diagnosis. For this reason I decided to perform a diagnostic arthroscopy. I have underlined this aspect.

Remarks of page 4

I corrected following the right observations at line 2-3.

I have specified the normal portal as an anterolateral portal.

Line 3: I did not test the tension during the arthroscopy because I found it difficult and for this reason, as specified, I did an open surgery.

I further specified the surgical anatomy as requested.

I changed the term of instability with laxity.

Discussion

There are any scientific rationales that support my hypothesis of overuse injury but only some thoughts. Usually all the tears that occur in “normal” tendons are located or in the weakest point (muscular attachment) or at bony insertion (avulsion). In presence of degenerated tendons the tear
occurs in its midsubstance (Achilles tendon, biceps and so on). In literature I have not found reports on what you are requesting (anatomical and biological structure of popliteus tendon). I can only support my hypothesis with the previous considerations.

I deleted *The clinical examination may change* The meaning was that clinical signs are different in accordance to the type of tear. The sentence is unnecessary.

Fig. 1 You are right but the T2 images of popliteus tendon were of poor quality.

Fig. 2 I used the arrow.

Fig. 3 I changed the legend of figure with the hope that it could be more understandable.