Reviewer's report

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

Version: 1 Date: 5 July 2009

Reviewer number: 2

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General comments
The authors reported the rare case of isolated partial rupture of the popliteus tendon. The patients injured during soccer and had the persistent knee discomfort despite physical therapy. The surgical findings revealed the partial rupture of the popliteus tendon. After an open debridement of the tendon stamps, the patient was symptom free and could return to competitive soccer. The manuscript was written with a concise style including essential points of the patient’s clinical course, and contained interesting findings related to the isolated popliteus tendon injury. However, the reviewer felt uncomfortable with some descriptions that consisted of incomplete or inconsequent explanations, especially for the injury mechanism and surgical findings. They need to be expanded to provide the details.

Specific comments
Title
The title of a case report should be more specific describing the patient features. The reviewer recommends “a professional soccer player” instead of “a professional athlete”.

Abstract
The abstract was clearly and concisely written.

Case report
Page 3, line 11-12: Did the patient have any symptoms which suggested the overuse injury of the popliteus tendon before hitting the knee?

Page 3, line 12: Did the patient injure in a game or during training exercises? In the abstract, we read it have occurred in a game, however it should be stated here, again.

Page 3, line 13: If the patient injured in a 1st division professional game, the injure scene should be recorded in a videotape, and the authors can investigate the injury mechanism. It may help to confirm that the patient just hit the knee or received any other external forces on the knee.

Page 3, line 22-23: What was the authors’ diagnosis before arthroscopy? Please
state it here.

Page 4, line 2-3: “Good knee stability” is an obscure meaning. It should be “normal knee laxity under manual laxity tests” or “normal knee laxity same as the contralateral knee”.


Page 4, line 3-4: Did the authors try probing the popliteus tendon during arthroscopy? If so, please describe how the tension of the tendon was.

Page 4, line 3-4: Was there synovial proliferation or inflammatory scar tissue observed around the popliteus tendon?

Page 4, line 8: Please describe the anatomical relationship between the location of the tendon rupture and the femoral tendon attachment, the lateral collateral ligament or the lateral meniscus hiatus. Was the tendon torn beside the attachment? Which portion of the tendon (ex. anterior or posterior fiber) was torn?

Page 4, line 8: “Instability” should be “increased laxity”.

Discussion

Page 4, line 20: Please describe the important features of clinical and surgical findings which suggested the overuse injury of the popliteus tendon.

Page 4, line 20: Are there any scientific rationales that support the overuse injury of the popliteus tendon. Usually the overuse injury occurs on the biomechanical or biological weakest region of the musculoskeletal tissues. It is better to describe the anatomical, architectural and biological backgrounds of the popliteus tendon to justify the authors’ speculation.

Page 4, line 22: What does the sentence of “The clinical examination may change” mean?

Figure

Figures 1: T2 weighted MRI images may be better to show the inflammatory reaction of soft tissues.

Figure 2: Using an arrow or an arrow head, please indicate the location of the tendon rupture in the figure.

Figure 3: It is difficult to understand the anatomical orientation of the tendon lesion in this figure. Please indicate the anatomical landmarks, such as the lateral femoral epicondyle, the lateral collateral ligament or the femoral attachment of the popliteus tendon.

**Level of interest:** An article of importance in its field
Quality of written English: Acceptable