Author's response to reviews

Title: Synovial chondromatosis originating from the synovium of the anterior cruciate ligament: A Case Report

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Author's response to reviews: see over
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K M Chan MD,
Editor-in-Chief
The Chinese University of Hong Kong

Dear Dr. Chan:

Please find an attached revised manuscript entitled “Synovial chondromatosis originating from the synovium of the anterior cruciate ligament: A Case Report” for consideration as a publication in Sports Medicine, Arthroscopy, Rehabilitation, Therapy and Technology.

According to reviewer’s comment, we revised the manuscript and uploaded. Furthermore, we have been checked the manuscript by native speaker. In following page, we described answer for reviewer. We would be very happy, if our manuscript will be accepted to SMARTT Journal.

Thank you very much for your consideration.
Very truly yours,

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Response to Reviewer number 2

Thank you very much for your invaluable suggestions and comments. According to them, we have revised the paper as follows:

1. Firstly, I would ask the authors whether or not they, or their radiologists, could now make the diagnosis retrospectively on the MRI scan, and whether this has therefore perhaps led to a potential improvement in preoperative diagnosis?

We added the manuscript according to comment from radiologist in paragraph 3 of discussion section as follows.

In radiological viewpoint, correct diagnosis was difficult preoperatively, because synovial chondromatosis may have nonspecific imaging findings on MRI as seen in this case. Intraarticular free bodies detected arthroscopically were not clearly visualized on MRI, as they had similar signal intensity to joint fluid. Previously reported case of synovial chondromatosis arising from PCL also had nonspecific imaging findings of intraarticular lesion surrounding PCL without alteration of PCL morphology and signal [11]. In this case, swelling of ACL with poor visualization of ACL fibers accompanied by adjacent cystic lesions on T2-weighted image are reminiscent of ganglion cyst with coincident mucoid degeneration of ACL [1, 4]. Complete or incomplete tear of ACL may have similar imaging findings [4].

2. The other questions relates to paragraph 2 of the discussion, which I found a little unclear. They present 2 possible etiologies, and it seems as though they conclude it relates to "freed cartilaginous fragments generated around the ACL". If so could they comment on what they believe to be the origin of these fragments e.g. did they find any significant chondral lesions at the time of arthroscopy.

We did not find any significant chondral lesions at arthroscopy. We revised the paragraph.

3. The article is however in need of significant revisions for the English, which includes a number of grammatical and spelling errors.

We have be checked the manuscript by native speaker.