Reviewer’s report

Title: Resection of a medial meniscal cyst using a posterior trans-septal approach: a case report

Version: 1 Date: 19 May 2010

Reviewer number: 1

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Categories of comments are indicated at the end of each comment as follows,

[Major] Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)
[Minor] Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
[Discretionary] Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

GENERAL COMMENTS

This is an interesting case which showed the usability of the posterior trans-portal technique for a meniscal cyst from the posterior horn of the medial meniscus without harming medial meniscus.

However, there are some corrections and clarifications which needed for acceptance.

Firstly, it is unclear how the authors determined that the cyst was derived from grade II meniscal tear. Apparently, the cyst was located close to medial meniscus which had high intensity in the mid-substance, diagnosed as grade II lesion, but the figure could not show clear communication of these two lesions. Also, the actual meniscus tear and communication between cyst and meniscus could not be confirmed by arthroscopic probing. Considering that grade II meniscal lesion can be seen in asymptomatic subjects [LaPrade et al AJSM 1994 22(6):739–745], the cyst might be independent of meniscus. Adequate evidence should be provided. [Major]

Additionally, the discussion part is quite confusing to the reader. A thorough editing of the manuscript will be required to bring the idiomatic English to an acceptable level for publication. [Minor]

SPECIFIC COMMENTS

Background

Line3 Please provide references for the MRI grading of meniscus tear, as long as it is not originally developed. Although Mink’s classification [Crues JV III, et al Radiology 1987 164:445–448] is widely accepted and could be adopted in this
paper, clearly defined classification with references would be helpful for general readers. [Minor]

Case report

Line 1-2 It is still unclear what type of pain he felt and how long it lasted. This information is clinically useful as suggestive symptom for specifying diagnosis. [Discretionary]

Line 2-3 Is there any patient background which could possibly lead to knee degenerative change, such as physically demanding job or frequently kneeling life-style? [Discretionary]

Line 4-5 It might be better to describe the absence of tenderness at the joint line individually. Because, if it was positive, this would be specific finding for meniscus pathology. [Discretionary]

Line 5-6 Did he have pain during manual instability tests? Some manual stress test, such as varus/valgus stress test and pivot shift test, could provoke pain in patients with meniscus tear. [Discretionary]

Line 17-19 Again, please provide references for the trans-portal technique or detailed description of the technique. It seems like the technique as described in reference 7 or [Ahn et al Arthroscopy 2000 16(7):774-779]. [Minor]

Discussion

The discussion section seems to be completely disorganized. This section should be understandably paragraphed, and the preferred structure includes

a) Restate the uniqueness and importance of this case.
b) Clinical relevance of this case. Or clinical advantage of this portal technique.
c) Take-home message for general readers. Or possible indication of this technique.
d) Explanation and clinical significance of this case with references
e) Limitations

Line 1-13 This seems to describe general indication of treatment for the meniscal cyst.

To sum up, previous indication or reports suggested menisectomy or open procedure for meniscal cysts, so there had been no treatment option without harming healthy meniscus or other surrounding soft tissue. It serves as a background but it is too long for the first paragraph, which should be succinct, so this might be placed into d) paragraph. [Minor]

Line 13 It is not clear to me what the problems are. The problem seems to be the substantial damage in the surrounding soft tissue by open procedure in the case where the cyst is not palpable. Please specify the problem. [Minor]

Line 13-18 This seems to show possible increase of the cases which is similar to
this reporting case. Although it remain unknown if such asymptomatic meniscal cyst cases should be treated by operation like this case, the possible increase of such cases should be informed in order to emphasize the importance of this case report. Therefore this part might be places in paragraph d). [Minor]

Line 18-29 This refers clinical usability of this trans-portal technique, so this part might be written in paragraph b). In addition, providing other possible use of this technique with references is suggested. [Minor]

Line 29-30 This is the most important result of this case, which should be mentioned first in paragraph a). [Minor]

Line 30-39 This part seems to be a limitation, which might be placed in paragraph e). In addition, the last sentence seems to provide additional issue which is not quite relevant to this report. So, this sentence should be reconsidered. [Minor]

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published