Author’s response to reviews

Title: Platelet-rich plasma versus autologous whole blood application in the management of chronic tennis elbow: one year randomized clinical trial

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Author’s response to reviews:

Reviewer’s report

Title: Platelet-rich plasma (PRP) versus autologous whole blood for the treatment of lateral elbow epicondylitis: a randomized clinical trial

Version: 2 Date: 3 December 2013

Reviewer: Michael Carmont

Reviewer’s report:

Platelet rich plasma versus autologous whole blood for the treatment of lateral elbow epicondylitis: a randomized clinical trial.

The authors present a randomized controlled study for the treatment of lateral epicondylitis were patients received either an injection of PRP or whole blood. VAS, PPT and Mayo scores improved in both groups at 4 weeks however there a significant continued improvement at 8 weeks.

General comments:

I enjoyed reading this well written paper. I have no methodological concerns apart from the short duration of follow up. Comparable papers have followed their patients up until 6 months. The longest duration of outcome follow up is 8 weeks which is really short term. The lack of long-term follow up would be a cause for rejection. One of the strengths of this paper is that the authors have gone to the trouble to have the actual contents of the PRP in the study groups determined. I do have a few minor changes that I feel should be implemented before the paper is accepted.

The introduction is good. The word we is used in the final paragraph and this
should be changed to the passive verse and this should be adopted throughout the manuscript.

Methods:
Line 105 “physical medicine….educational hospital” can be exchanged for our unit.
Line 124 the English can be changed to gave written consent for inclusion in the study.
Line 128 The process…freely can be omitted.

Results: no recommendations.

Discussion: this is well structured and covers the pertinent literature.
A few minor typos L324 cosrticosteroids, then RCTs. Thanasas I feel there is something missing here.
L331 the L can be removed so that it just reads Creaney et al.
L344 similarly Best rather than Thomas M Best.
The conclusions are one of the weak areas of this paper. L375-382 are discussion points rather than conclusions and this section should be kept as conclusions.

Dear reviewer,
Thank you very much for your comments.
Here is our point to point responses to your comments.

Fortunately the results of long term follow up of the patients (up to 12 month) became ready in last month and we could present it in the manuscript ,so the main limitation of the previous manuscript which was short term follow up has resolved. The revised version of the manuscript which is now submitted to the journal is the manuscript with long term follow up results (4, 8 weeks , 6 and 12 month follow ups).

I also suggest another topic for the revised manuscript which is” Is Platelet-rich plasma superior to autologous whole blood in the management of chronic tennis elbow: one year randomized clinical trial”
Considering the result of this new manuscript which showed PRP was as equal as AWB in improving symptoms of tennis elbow, I believe this title could substitute the previous.
The introduction is good. The word we is used in the final paragraph and this should be changed to the passive verse and this should be adopted throughout the manuscript.
The sentence was changed into passive form through the manuscript.
The changes were highlighted in red in the text. As the manuscript has changed
to long term results, so the lines you mentioned changed a little.

Methods:
The comments were addressed in the manuscript.
Line 105 “physical medicine…educational hospital” can be exchanged for our unit.
Line 124 the English can be changed to gave written consent for inclusion in the study.
Line 128 The process…freely can be omitted
All changes were made and highlighted in red.
Results and discussion was rewritten according to the new results (long term follow ups).
L331 the L can be removed so that it just reads Creaney et al.
L344 similarly Best rather than Thomas M Best.
All changes were made and highlighted in red.
The conclusions are one of the weak areas of this paper. L375-382 are discussion points rather than conclusions and this section should be kept as conclusions.
The conclusion was rewritten.
I hope the revised version of the manuscript will be satisfactory for you.
Thanks & Regards,
Sedighipour.MD