Author’s response to reviews

Title: A prospective, observational cohort study of patients presenting to an Emergency Department with acute shoulder trauma: The Manchester Emergency Shoulder (MeSH) project

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Version: 2 Date: 2017-07-31

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Editor Comments:

Thank you for the revised manuscript. In my view you have satisfactorily addressed the reviewer's comments. As per the reviewer's further comments below please can you clarify further the nature of the shoulder surgery required by the 5 patients in your series.

Response: Many thanks indeed for your comments. We have been able to detail the patients who eventually underwent a surgical procedure (in fact there were 3 patients). This has been added to the text on lines 133-135.

Reviewer reports:

Robert J. Neviaser (Reviewer 1): At the outset, I must admit that the system in which we work in the US is sufficiently different than that under which the authors work in the UK. Patients with these injuries are referred directly to Orthopaedic Surgeons and not to their primary care
providers or followed up in ED clinics. With that understanding, I continue to find that the small number of patients, 75% of whom were under age 50, does not permit conclusions to be drawn. Although the authors state that their goal was not to recommend getting MRA on all patients who meet their inclusion criteria, that, in fact, is what most readers will conclude. Clearly they cannot control that, but such a disclaimer needs to be made clearly, if this proceeds to publication.

It seems that only 5 of the 20 studied patients required orthopaedic intervention although I am not able to discern what that was. Of the lesions found, I do not see any that should need more than non operative management, even the 20 year old with a partial tear. Simply using the fact that someone cannot elevate their arm above 90 degrees at two weeks as a criterion for getting an MRA, should not, in and of itself, lead to an MRA. Additional physical findings and the patient's response to a subacromial lidocaine injection (the so-called impingement test) should be included in the decision making. No mention is made of this.

Although my recommendation would be not to publish this study as it does not increase our knowledge base. I have 22 years of editorship experience including 12 as Editor-in-Chief of the International Journal of Shoulder and Elbow Surgery on which to reach my decision. However, I am not an Emergency Physician and as I have noted, work under a different system. I suspect that it would not be accepted in an American based journal but the different circumstances in the UK may allow you to reach a different decision.

Response:

We thank Dr. Neviaser for his detailed further analysis of our paper.

We agree that the message from the paper may be misinterpreted by some Emergency Department clinicians. We have added the caveat that he suggests using the following text in the discussion lines 172-179.

"Nevertheless, we would urge some caution amongst Emergency Department clinicians who interpret our findings as suggesting all those who present with shoulder injuries should have an MRA. Our study’s aim was to use MRA to determine the pattern of underlying soft tissue injuries in patients with traumatic shoulder injury. The nature of our study also enabled us to see how MRA could be part of a decision making process. It is important to note that this does not
exclude other decision making routes such as the effect on pain and impingement of a subacromial injection of local anaesthetic."