Reviewer’s report

Title: Anterior cruciate ligament reconstruction with quadriceps tendon-patellar bone allograft: matched case control study

Version: 0 Date: 19 Nov 2017

Reviewer: Joan Monllau

Reviewer’s report:

TITLE

Title is concise, precise and quite accurate

ABSTRACT

The subsection of Conclusions should be identical to Conclusions in the text.

INTRODUCTION

This section is a concise summary of the literature with appropriate references Line 25. Although I agree that graft choice in anterior cruciate ligament (ACL) reconstruction is still controversial, this statement here is questionable, as some recent research showed exactly the opposite (23, Kane PW et al. Anterior cruciate ligament reconstruction with bone-patellar tendon-bone autograft versus allograft in skeletally mature patients aged 25 years or younger. Knee Surg Sports Traumatol Arthrosc 2016;24:3627-33.

Both purpose and hypothesis are correctly stated

METHODS

Line 12. This is a retrospective study and as such the number of subjects should be reported in Results.

Since 2012, it is recommended to follow the CONSORT guidelines when conducting a RCT. Do you do so?

How many surgeons were involved in the study (performance bias)? Or is it a single surgeon series?

Line 14. The reason to allocate the patients to either group is not clear. According to what is said here it was based on patient or surgeon preferences and this introduces a possible selection bias. This is a limitation and an important point to clarify.
Line 45. In a series of more than 200 patients, supposedly of different BMI, it is surprising to see that all reconstructions have been performed with a graft of the same size.

With regards to the a priori calculation it has been recently stated that more than 100 patients were required in each arm to detect a difference for the majority of outcome measures, and over 800 to detect a difference in return to pre-injury activity level (Guo L et al. Anterior cruciate ligament reconstruction with bone-patellar tendon-bone graft: comparison of autograft, fresh-frozen allograft, and -irradiated allograft. Arthroscopy 2012;28:211-7).

RESULTS

How many patients were lost to follow-up?

A two-year minimum follow-up period may underestimate allograft failure.

DISCUSSION

No comments, it's fine.

CONCLUSIONS

In line 48. I strongly believe that here you must include "at two years follow-up" at the end of this sentence.

The last sentence, starting in line 50, although is a wise comment is not a conclusion you may draw from your work and as such it better fits in the Discussion section. In general this subsection should be identical to Abstract's Conclusions.

REFERENCES

Literature is up to date. However, I would recommend two more quotations: Kane et al. 2016 and Guo et al. 2012) as commented earlier on.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes
Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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