Author’s response to reviews

Title: Different Suture Anchor Fixation Techniques Affect Contact Properties in Humeral Greater Tuberosity Fracture: a Biomechanical Study

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Author’s response to reviews:

Authors’ response to editors

Thank you for summarizing the reviewers’ comments. We have responded to the reviewers’ suggestions on a point-by-point basis in the following pages and have incorporated all of our responses into the revised version of this manuscript. We appreciate your and the reviewers’ constructive comments and hope our revisions could adequately respond to the questions.

Please see the following detailed point-by-point responses to each reviewer’s comments.

Reviewer 1:

Line 310-311

The author said their model lacked certain pertinent forces that may affect the clinical significance of GT fractures, which is one of the main doubts I have. However, in line 314-316, as the author said, both groups were subject to the same limitations based a comparative study, so I think it is ok.

Generally, good structured manuscript and the results were written clearly and I recommend the study for publication.
REPLY: Thank you for the kind feedback. We appreciate your efforts to review this paper.

Reviewer 2:

This is a very interesting study. I only have one question, For GT fracture with good bone quality in young patients and old patients with osteoporosis bone, how to choose the fix method?

REPLY: Thank you for the feedback and important question. Actually, our previous article addressed this issue. “The screw provides suboptimal fixation in osteopenic bone or comminution of the GT fragments. Also, for comminuted fractures, the screw may further damage the fracture fragments. In our model with a simple GT fracture and large fragment, the stability of two-screw fixation was worse than with double-row suture fixation techniques. Therefore, one should exercise caution using screw fixation for GT fractures in older and osteoporotic bones. In such scenarios, the suture anchor construct might be the superior option (J Orthop Res, 2012).” However, we think screw fixation is still effective in a simple GT fracture with large fragment and good bone quality.