Author’s response to reviews

Title: ANTEROLATERAL LIGAMENT OF THE KNEE: A STEP-BY-STEP DISSECTION

Authors:

Diego Ariel de Lima (arieldelima.diego@gmail.com)
Camilo Helito (camilo_helito@yahoo.com.br)
Matthew Daggett (matthewdaggett@gmail.com)
Francisco Magalhães Neto (f.magalhaes.m.n@hotmail.com)
Lana de Lima (lanapotiguar@gmail.com)
José Alberto Leite (josealberto_leite@hotmail.com)
Maria Luzete Cavalcante (marialuzetecosta@gmail.com)

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REVISION NOTES

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Title:

ANTEROLATERAL LIGAMENT OF THE KNEE: A STEP-BY-STEP DISSECTION

Dear Editor and Reviewers,

Thank you for your comments and suggestions. We are sure these were very important in order to improve the content of our article. We tried to respond in details everything below.

We have answered each reviewer’s comments bellow as well as we have modified them into the manuscript.
We strongly feel that “BMC Musculoskeletal Disorders” readers will benefit from the data we are presenting in this article. Once again, thank you for considering this paper to be publish in your prestigious journal.

Very best regards,

The Authors.

COMMENTS

Technical Comments:

1) Please ensure that you use the headings in the abstract and main text that are outlined in our Submission Guidelines

RESPONSE: OK. Thank you for this suggestion. We modified as requested.

2) Unfortunately, there are some minor language issues throughout the manuscript. Please ensure that you have thoroughly checked your manuscript for any other language errors. We recommend that you ask a native English-speaking colleague to help you copy edit the paper. If this is not possible, you may need to use a professional language editing service. Use of an editing service is neither a requirement nor a guarantee of acceptance for publication.

RESPONSE: The translation was done by a native English speaker. As suggested, we managed to solve all language problems.

Reviewer reports:

Reviewer 1:

This is a short manuscript in which the authors describe a dissection technique for the anterolateral ligament (ALL).

The ALL is an interesting topic as from a theoretical perspective the extra-articular ALL reconstruction may aid in improving rotational constraint when combined with intra-articular ACL reconstruction. Moreover, there is an increasing amount of lateral extra-articular tenodesis (LET) / ALL reconstructions being performed in sports orthopedic surgery worldwide.

The ALL has received a tremendous amount of attention since the controversial publication of Claes et al in 2013. More than 300 papers have been published concerning the ALL after Claes et
al. The subjects on the ALL range from anatomical dissection studies, quantitative and qualitative anatomical studies, ultrasound and MRI studies to biomechanics and ALL-reconstruction studies. On each of these topics ample studies have been published by now. The authors should be congratulated on their contribution to further improve our understanding on the ALL as they have performed many anatomical, biomechanical and ALL reconstruction studies.

As the methods of this manuscript are sound and well performed, this is may be fit for publication after major revisions.

There are many papers published after Claes et al., how does your manuscript stand out?

RESPONSE: Unlike other papers, our focus was to describe in detail the technique of dissection, including a step by step video. Our main objective is not to prove the existence of the ALL, but to serve as a reference for future anatomical studies and also to try to improve ALL knowledge in order to improve surgical techniques and clinical results.

The authors should focus on discrepancies in the literature on attachment locations as well in my opinion as these are highly important for reconstruction purposes. Also, it would increase the quality of the manuscript if they could add qualitative and quantitative measurements.

RESPONSE: We modified the paper as suggested. Please check LINE: 46-51 and LINE: 114-118 in which we included everything was requested.

Reviewer 2:

The authors present a step-by-step dissection guide of the ALL. According to their methods section, they used 20 cadaveric knee specimens, but fail to show any results regarding qualitative and quantitative anatomy.

RESPONSE: We modified the paper as suggested. Please check LINE: 46-51 and LINE: 114-118 in which we included everything was requested.

Furthermore the authors did not even mention the "capsulo-osseous" layer of the ITB, which is the posterior deep part of the iliotibial tract and may be easily confused with the ALL. After watching the video and the pictures, it may have been possible that the authors describe a confluens of the posterior part of the ITB (capsulo-osseous layer of the ITB).

RESPONSE: We modified as suggested. LINE: 90-95.
I believe this manuscript will benefit from a more detailed anatomic description, higher quality figures and probably a new video. Unfortunately in the attached video the preparation is sometimes blocked by the hand of the surgeon.

RESPONSE: All images are about 2MB in size. As suggested, we modified the Figure 5 to one of better quality.

Unfortunately, in the video, in some moments the hand of the surgeon disrupts the image. However, we do not think this prevents the understanding of the technique presented.

Title: appropriate

Abstract: appropriate

Introduction:

Line 7: What do the authors mean by “The ALL found deep in the iliotibial band.” The ALL is a capsular structure.

RESPONSE: The ALL is a triangular structure in the anterolateral topography of the knee found in a plane of dissection deep in relation to the iliotibial band

Dissection technique:

Line 2: The ITB is not only inserting at Gerdy’s tubercle, also posterior to it. How did the authors distinguish the posterior part of the ITB with their ALL?

RESPONSE: The anteroinferior orientation of the ALL fibers helps to distinguish it from the posterior part of the ITB.

Line 14: This has been described as the “biceps-capsuloosseous iliotibial tract confluens” by Terry and Laprade

Conclusion: Again, I think this is too much implication without follow up.

RESPONSE: We modified as suggested. LINE: 54 and LINE: 170-171.

Figure and Table legends: Please include high quality figures.

RESPONSE: We modified as suggested.
References: appropriate