Thank you very much for allowing me to review the manuscript with the title "The effect of medial open wedge high tibial osteotomy on the patellofemoral joint: comparative analysis according to the preexisting cartilage study".

This is a retrospective study that evaluates the effects of medial open wedge high tibial osteotomy (MOWHTO) on the patellofemoral joint with a special focus on the preexisting cartilage status. A total of 92 patients who underwent 2nd-look arthroscopy of the knee were included in this study. Two groups were formed according to their preexisting patellofemoral cartilage status. Both groups were evaluated regarding their clinical scores, radiographic parameters, and arthroscopic cartilage status of the patellofemoral joint. No clinical differences were found between both groups at the time of follow-up. In both groups the size of cartilage lesions of the patellofemoral joint increased over time, however no differences were found between the groups.

Overall, this is a clinically interesting topic.

In the past there have been studies that have evaluated the clinical and radiographic outcome of the patellofemoral joint following MOWHTO. The authors state that in their study they performed an analysis according to the preexisting cartilage status. It is not clear to the reviewer how the current study differs from the study of Tanaka et al. "Deterioration of patellofemoral cartilage status after medial open-wedge high tibial osteotomy" Knee Surgery, Sports Traumatology, Arthroscopy 2018. In this study the authors did also divide the patients into two groups regarding the preexisting cartilage status.

The patellofemoral joint can be affected by multiple causes such as lower limb alignment, hip rotation, muscle status, trochlear dysplasia, just to name a few. In this present manuscript the authors do not include information on such important parameters. This means that we do not know in what way the two groups differ regarding preexisting conditions that also affect the
patellofemoral joint. Hence, differences or no differences between the two groups could be the result of difference in these parameters and not because of the MOWHTO.

Two surgeons performed the radiographic evaluation. Why did not also two surgeons perform the intraoperative evaluation of the cartilage defects? In previous studies this has been performed and information about the reliability of these measurements was been given.

The authors state that they have performed a sample size calculation in the limitations of this manuscript, however the actual numbers are missing. This should be included in the methods section of the manuscript.

Comparing this study to previous studies there should be some radiographic measurements added to the analysis such as tibial slope, grading of patellar and trochlear dysplasia, medial proximal tibial angle. These additional parameters can be helpful to distinguish differences between the two groups.


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

Yes

**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

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If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

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