Author’s response to reviews

Title: Arthroscopic rotator cuff repair with and without subacromial decompression is safe and effective

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Title: “Arthroscopic rotator cuff repair without subacromial decompression is safe and effective: a case control study”

Dear Editor,

Many thanks for the opportunity to revise the above manuscript. Please find attached the revised version of the above manuscript. The comments of reviewers have been carefully considered, and implemented as follows:

Editor's comments:

Reviewer reports:
Knut Beitzel (Reviewer 1): The paper reports on a randomized study comparing rotator cuff repair with additional subacromial decompression vs. none additional decompression. The paper is written in a straight and easy to read way. There are no major problems, which would need revision. In my opinion, the paper can be published with only slight additions.

ANSWER: We thank the reviewer.
Perhaps the authors could discuss in more detail the effect of the different acromion morphologies on the outcome. This is important, since others have shown a positive correlation with type III acromion.

ANSWER: We thank the reviewer. Functional outcomes of the enrolled patients according to the shape of acromion were showed in table 5. However the comparison between the two groups according to the shape of the acromion did not show any statistically significant difference for each questionnaire administered. On the other hand in patients with acromion type II, the group without subacromial decompression showed a significantly higher strength in extrarotation. We discussed the effect of the different acromion morphologies on the outcome in the manuscript. Now we state: “Morrison and Bigliani described three acromial shapes on outlet view radiographs (type I: flat undersurface; type II: curved; and type III: hooked) that increased with age and were associated with RC tears. Several authors subsequently analyzed the possible relation between acromion morphologies and outcome after subacromial decompression. Gartsman had shown that in patients with full thickness rotator cuff tear and acromion type II, acromioplasty did not lead into a better functional outcome. Milano et al., MacDonald et al and Abrams et al. showed that acromion type had no significant effect on postoperative functional scores. However Abrams et al [24] reported that a type III acromion had a negative effect on the Constant score, SST score, and VAS compared with a type I acromion.”

In addition, there seems to be more massive tears found in group A. This possible effect should also be commented in more detail.

ANSWER: We thank the reviewer. Group A and Group B showed no statistical differences in terms of number of patients with massive rotator cuff tears, as showed in table 1.

Wasim Khan (Reviewer 2): Good paper that addresses an important and clinically relevant question. It addresses the question of acromion type. Outcomes are measured adequately. Good method, follow-up and stats. Minor typos including the first couple of abstract sentences that I am sure will be picked up as the paper progresses.

ANSWER: We thank the reviewer. We have revised the abstract as required.

We thank the Editorial Board for having given us the opportunity to revise our manuscript. We appreciate yours and the reviewer’s comments. We hope that the additions have now improved the manuscript, and that it has now reached the standard necessary to be formally accepted for publication.

Umile Giuseppe Longo