Author’s response to reviews

Title: Description of the surgical technique for condylectomy with minimally invasive surgery to treat interdigital helomas on the lesser toes: a Delphi study

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Author’s response to reviews:

Dear editor and reviewers,

Thank you very much for your comments; in our revised version of the manuscript we have made the required changes. We used the track changes to see the modifications in the new version of the manuscript.

Reviewer #1:

This study will be of interest to only a small section of the readership of the JFAR. It has produced some strong recommendations for clinical practice which will be of value to those practicing MIS techniques. Also of value is the description of the research methodology which is sufficient to allow others to use the same Delphi technique for other conditions/interventions. The findings are nevertheless expert opinion only and the relevance to clinical practice must be considered on that basis. The limited contribution to evidence based practice must be considered in the limitations section of the study.

>> Thank you for your comment. Expert opinion is known as Level V of evidence-based medicine. However, level V evidence remains a necessary component to determine the answer to a clinical question. The collection of the experience of experts has merit as a tool to improve the quality of
treatment for our patients. We have included this consideration in the limitations section of the study (lines 271-274).

Specific comments:

Abstract
Need to state the findings of the study as an actual conclusion, rather than suggesting that recommendations can be found elsewhere.

>> The findings of the study are eleven recommendations for MIS on the interdigital helomas of the lesser toes based on the expert consensus. It is not possible to summarize them for the conclusion of the abstract. We have tried to be more precise. Please, see the conclusion of the abstract. Thank you.

Introduction
Line 44 needs a reference to support this claim.

>> The reference 14 states: ‘Minimally invasive trauma and orthopaedic surgery is increasingly common. These techniques have the theoretical advantage of decreasing recovery and rehabilitation times, because surgical exposure and deep soft tissue dissection are less extensive and possibly gentler. These techniques hold the promise to provide better clinical outcome for patients who would not recover well from traditional open approaches.’

Previous authors have investigated minimally invasive procedures such as:

We have included the reference 14 in line 53 to support this claim. Thank you.

Line 47-49. This statement relates to a study of hallux valgus surgery and this must be stated as it is presently misleading.

>> Thank you for your comment. In fact, the reference is related to a study of hallux valgus surgery. Thus, we have removed the reference 14 from this statement to avoid confusion. We would like to keep the statement because it is referring to the general characteristics of the MIS and it is applicable to our study.

Discussion
Line 174 could this be reworded as the meaning is unclear.

>> We have clarified this sentence. Please, see line 182 of the new version of the manuscript. Thank you.
Line 203 repeats what is already stated in line 190.

>> Thank you for your observation, we have corrected the sentence.

Reviewer #2:

The article does use the delphi method to build consensus about the best approach for condylectomy using an MIS approach. This is article would only be of limited interest to podiatrists. It may have more interest to podiatric surgeons.

>> Due to the rise in MIS techniques in the different surgical areas and the lack of research in this field, we think that this manuscript may be interesting for surgeons and podiatrists. For example, the following article about podiatric surgery:


has received 16 citations is Scopus.

However the literature review does not clearly establish the prevalence of the condition or the frequency that this condition is treated surgically.

>> Nowadays, there are no recent studies which determine the prevalence of interdigital helomas in the lesser toes. We found two studies which analysed the frequency of appearance of the interdigital helomas and they are included in the manuscript:


However, these studies were performed more than 40 years ago and there were very limited, since they only included patients who came to the consultation referring to pathology in the foot, in a single clinical center.

Please, see lines 40-45. Thank you.

Regarding the frequency that this condition is treated surgically, there is no research. We found just one study which reported a retrospective review patients who had been treated operatively for either a lateral fifth toe corn or an interdigital corn of the fourth interdigital space [Coughlin MJ, Kennedy MP. Operative repair of fourth and fifth toe corns. Foot Ankle Int. 2003 Feb;24(2):147-57] and they reported just open surgery techniques.

Also there is no evidence presented about the effectiveness of surgical intervention for this condition. Therefore it is difficult to establish the importance or need of this study. It would need a more comprehensive literature review to establish whether there was a need for this study. It may be that there is a lack of research in this area. If that is the case then the outline of the literature search strategy would be required.
In fact, there is a lack of research in this area. The search strategy was performed in Pubmed, Web of Science (WOS) and Scopus databases. Two search strategies were carried out. On the one hand, those referring to the lesion and dermal location or pathology and, on the other hand, those referring to the type of treatment, in this case, the minimally invasive surgery.

First search strategy

Group 1: lesion and dermal location or pathology terms (callosit* OR calluses OR callus OR corn OR clavus OR heloma* OR hyperkeratotic* OR interdigital* OR interphalangeal*).

AND

Group 2: Treatment terms ("minimum incision surger*") OR “minimal* incision surger*” OR "minimally incision*" OR "percutaneous surger*" OR "minimally invasive* surg*" OR "minimally invasive* procedure*" OR "minimally invasive* incision*" OR "minimally invasive* approach*" OR "mini-invasive* technique*" OR “minimally invasive* solution*” OR “percutaneous osteotom*” OR "percutaneous exostosectom*" OR “minimal invasive* approach*” OR “minimal invasive* surg*” OR "minimal invasive* procedure*” OR “minimal* invasive* treatment*”).

OR

Group 3: hand

Second search strategy

Group 1: lesion and dermal location or pathology terms (“interdigital soft corn” OR “interdigital corn” OR “interdigital clavus” OR “interdigital heloma” OR “web corn” OR “heloma molle*”).

AND

Grupo 2: Treatment terms (“minimum incision surger*” OR “minimal* incision surger*” OR "minimally incision*" OR "percutaneous surger*" OR "minimally invasive* surg*" OR "minimally invasive* procedure*" OR "minimally invasive* incision*" OR "minimally invasive* approach*" OR "mini-invasive* technique*" OR “minimally invasive* solution*” OR “percutaneous osteotom*” OR "percutaneous exostosectom*" OR “minimal invasive* approach*” OR “minimal invasive* surg*” OR "minimal invasive* procedure*” OR “minimal* invasive* treatment*”).

OR

Group 3: hand

The method is thorough in describing the process of the delphi method but there are little or no references to underpin the approach used in this study. Therefore it makes it difficult to establish the external validity of this approach. It may need more references to support this approach.

>> Consensus methods are being used increasingly to solve problems in medicine and health. Their main purpose is to define levels of agreement on controversial subjects. When properly employed, through consensus strategies, experts can give the best available information [Fink A, Kosecoff J,

Although there is no evidence of the reliability of the Delphi method, decisions are strengthened by reasoned argument, the use of participants who have knowledge and an interest in the topic and the use of several rounds helps to increase the validity of the Delphi. However, the validity of results will be ultimately affected by the response rates [Hasson F, Keeney S, McKenna H. Research guidelines for the Delphi survey technique. J Adv Nurs. 2000 Oct;32(4):1008-15].

Due to the need to review and update the condylectomy via MIS on the phalanges of the lesser toes to treat interdigital helomas, and also the lack of research in this area, we decided to use the Delphi method to define and describe this surgical technique that has agreed expert consensus.

Like previous authors, such as Dando et al. [Dando C, Cherry L, Jones L, Bowen C. The clinical diagnosis of symptomatic forefoot neuroma in the general population: a Delphi consensus study. J Foot Ankle Res. 2017 Dec 28;10:59] in this paper published in this journal, we used a structured qualitative technique of professional consensus developed by Dalkey et al. [Dalkey NC. The Delphi Method: An Experimental Study of Group Opinion. Publication RM-59999 PR . Santa Monica, CA : Rand Corporation , 1969]

These are the two areas that need revision and addition of information.

>> We have included this information at the end of the introduction. Thank you for your comment.

Sincerely,

The authors.