Author's response to reviews

Title: Juvenile Osteochondritis Dissecans in the Lateral Femoral Condyle Requiring Osteochondral Autograft as a Revision Procedure - A case report -

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Author's response to reviews: see over
Responses to the Comments

Dear Doctor,

Attached is the file of the second revision version of our manuscript. We thank you for your constructive comments and have attempted to address the suggestions and comments given.

Specifically, our responses to each of the comments are described below.

To Editor

Comment
Missing is detailed past medical history of the patient and related issues in family.

Our response
In response to your comment, his past medical history and related issues in family were additionally described in the context (Lines 84-86).

Supplemented sentences
Lines 84-86
He had no remarkable morbidities related to the knee in the past, and no family history relevant to musculoskeletal disorders.

Comment
Physical examination including neurological and orthopedic, laboratory and radiological examinations.

Thank you for your comment. In order to address your comment, supplementation have been made in the original context (lines 87-90).

Supplemented sentences
Lines 87-90
Physical examination of the affected knee revealed full range of motion without swelling, instability or apparent malalignment. In addition, no abnormal findings indicating neurological and general musculoskeletal disorders were demonstrated. Laboratory data showed normal ranges in all examined parameters.
**Comment**
What did the Conservative treatment include?

Thank you for your comment.
We’ve described the detail of conservative treatment (lines 100-107).

**Lines 100-107**
Conservative treatment with prohibition of sports activities was continued for 6 months. During this period, use of a hinged brace with locking mechanism was instructed while full weight bearing was allowed with the use of the brace. The brace was locked in extension while walking and the locking mechanism was released during sitting or non-weight bearing activities. Since the OCD lesion in the lateral femoral condyle is located at the contact area in flexion, use of the brace locked in extension could effectively unload the lesion during the weight bearing activities. We did not prescribe any physical treatment or medications.

**Comment**
Any physical treatment, medications?

Thank you for your comment. In order to address your comment, supplementation have been made in the original context as described above.

**Comment**
What were the physical limitations and performance of the knees before and after surgeries?

Thank you for your comment. In order to address your comment, supplementation have been made in the original context to describe the condition of the knee before and after the surgeries (lines 83-84, and 142-143)

**Supplemented sentences**

**Lines 83-84**
Although he did not complained significant problem in daily living activities, his sports activities were restricted by knee pain.

**Lines 142-143**
Subsequently, he did not experience any physical limitations with full performance of the knee.

**Comment**
A follow-up of only 6 months is too short to determine long term efficacy. Can this be updated?

**Our response**
In response to your comment, we have additionally described the findings of the final follow-up evaluations at 3 years and 6 months after the second surgery with additional preparation of the figure (lines 146-148 and Figure 5).

**Lines 146-148**
The final follow-up evaluations at 3 years and 6 months after the second surgery showed no abnormal findings in physical examination with complete healing of the subchondral bone lesion in the radiograph (Figure 5).

We respectfully resubmit this paper for your consideration and look forward to your response.
Thank you in advance for your time and trouble.