Author’s response to reviews

Title: Six-year survival of re-implanted talus after isolate total talar extrusion: Case report

Authors:

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Author’s response to reviews:

I really appreciate for reviewers thoughtful comments to revise this manuscript. I fully agreed with all of the comments and tried to revise properly. my responce for their comments was attached on the attach file section.

Editor’s question

   reviewer’s comment  Revised reply

Reviewer 1.
1. Do you believe the case report is authentic?  Yes  Not required

   2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.  No ethical concerns.  Not required

   3. Does the Introduction explain the relevance of the case to the medical literature?  Yes  Not required

   4. Does the article report the following information? Where information is missing, please specify.


a. The relevant patient information, including:
   - De-identified demographic information (age, gender, ethnicity)
   - Main symptoms of the patient
   - Medical, family and psychosocial history
   - Relevant past interventions and their outcomes

b. The relevant physical examination findings

c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.

d. Diagnostic assessments, including:
   - Diagnostic methods
   - Challenges (e.g., financial, language/cultural)
   - Reasoning and prognostic characteristics (e.g., staging), where applicable

e. Types and mechanism of intervention

f. A summary of the clinical course of all follow-up visits
   Comments: information is enough    Not required
5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?  Comments: yes.  Not required

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below. Yes  Not required


8. Does the case represent a useful contribution to the medical literature?  Comments: yes  Not required

9. Additional comments for the author(s)?  Not required

Reviewer 2.

1. Do you believe the case report is authentic?  yes  Not required

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.  Comments: no  Not required

3. Does the Introduction explain the relevance of the case to the medical literature?  Yes  Not required

4. Does the article report the following information? Where information is missing, please specify.
a. The relevant patient information, including:

- De-identified demographic information (age, gender, ethnicity)

- Main symptoms of the patient

- Medical, family and psychosocial history

- Relevant past interventions and their outcomes

b. The relevant physical examination findings

c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at $T = 0$, follow up at $T = 1$ month.

d. Diagnostic assessments, including:

- Diagnostic methods

- Challenges (e.g., financial, language/cultural)

- Reasoning and prognostic characteristics (e.g., staging), where applicable

e. Types and mechanism of intervention

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented? Comments: yes. Not required.

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.
   Yes. Not required.


8. Does the case represent a useful contribution to the medical literature? Comments: I think although the rarity of the case could be useful.

9. Additional comments for the author(s)? case report

L61: please be more specific regarding how the incident happened. I think is very important.

L69: describe step by step the surgical technique, including antibiotic prophylaxis and rehabilitation protocol.

L 113: please add the following reference after "...always be concern."Osteochondral Lesions of the Talus and Autologous Matrix-Induced Chondrogenesis: Is Age a Negative Predictor Outcome?

D'Ambrosi R, Maccario C, Serra N, Liuni F, Usuelli FG.

Based on the principles of open fracture management\[9, 10\], urgent debridement of wound and talus reduction along with early administration of preventive antibiotics, tetanus toxoid booster was planned as soon as possible. Two hours later, under general anesthesia, the injured ankle was cleaned and irrigated copiously with sterile normal saline in the operating room. Intraoperative evaluation revealed that the talus was completely extruded from its articulation without any significant fracture and articular cartilage damage, and was only loosely held by a few remaining strands of the deltoid ligament. The extruded talus was easily reimplanted through the open wound without additional procedures. A single transarticular K-wire was inserted from the proximal medial to distal lateral (medial malleolus to cuboid bone) and the monolateral spanning external fixator was applied to maintain the gap of the joint surface in favor of the articular damage repair. (Fig. 2). Finally, the wound was loosely closed. Three days later, second-look surgery for debridement and irrigation was done. After 4 weeks, the external fixator was removed and weight bearing was forbidden for the first three months. The trans-articular K-wire was eliminated after another 4 weeks (POD 2 month). The passive ROM exercise and partial weight bearing was started at POD 3 month. At POD 6 month, full weight bearing and active ROM exercise was started.

L113: the recommended reference was included (Osteochondral Lesions of the Talus and Autologous Matrix-Induced Chondrogenesis: Is Age a Negative Predictor Outcome?

D'Ambrosi R, Maccario C, Serra N, Liuni F, Usuelli FG.
Arthroscopy. 2017 Feb;33(2):428-435.)

L118: has been described Hawkins sign and added reference as recommended like below

Hawkins sign, which is the only early sign that can be seen with conventional radiography and that can reliably predict the development of AVN [23]
Reference: