

Review Form 1.7

Journal Name:	Asian Journal of Orthopaedic Research
Manuscript Number:	Ms_AJORR_101213
Title of the Manuscript:	ACROMIOCLAVICULAR JOINT DISLOCATION REPAIR USING DOUBLE ENDOBUTTON TECHNIQUE: ANALYSIS OF FUNCTIONAL OUTCOME
Type of the Article	Original Research Article

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This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p>Compulsory REVISION comments</p> <p>1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript)</p> <p>2. Is the title of the article suitable? (If not please suggest an alternative title)</p> <p>3. Is the abstract of the article comprehensive?</p> <p>4. Are subsections and structure of the manuscript appropriate?</p> <p>5. Do you think the manuscript is scientifically correct?</p> <p>6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</p> <p>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</p>	<p>Yes</p> <p>Yes</p> <p>Yes – too long, and repetitive – might I suggest my abbreviated summary below?</p> <p>Needs some adaption</p> <p>Probably ok</p> <p>Yes</p>	
<p>Minor REVISION comments</p> <p>1. Is language/English quality of the article suitable for scholarly communications?</p>	<p>The written language needs improving throughout the manuscript. The font should also be uniform. There is a lot of unnecessary repetition in each section. For example in the Abstract, The Methods section twice mentions that patients had reconstructions using a Double Endobutton , Mersilene tape and # 5 Ethibond construct. With 4 mentions in total. This could be better written.</p>	
<p>Optional/General comments</p>	<p>ACROMIOCLAVICULAR JOINT DISLOCATION REPAIR USING DOUBLE ENDOBUTTON TECHNIQUE: ANALYSIS OF FUNCTIONAL OUTCOME</p> <p>The authors present a prospective cohort series of 20 patients who suffered acromioclavicular joint (ACJ) (9 Rockwood Type 5, 6 Type 4 and 5 Type 3) injuries, who were operated at their Unit between December 2020 and December 2022.</p> <p>All the injuries were opened through a vertical strap incision. The ACJs were reduced and then each patient had reconstruction of the coracoclavicular ligaments using a Double Endobutton , Mersilene tape and # 5 Ethibond construct.</p> <p>The authors assessed the clinical outcomes using the DASH questionnaire and Constant score at intervals of 6 weeks, 12 weeks and 24 weeks . Radiological assessments were done at intervals of 6 weeks, 12 weeks and 24 weeks with shoulder x-rays, Zanca views, and AP stress views.</p> <p>At the last follow-up, 18 patients had an excellent outcome, one patient had a good outcome, and one patient had a fair outcome. The mean Constant score at the last follow-up was 96 (range 80 - 100), and mean DASH score was 5.3 (range 1-11). An excellent reduction of the AC joint was maintained.</p> <p>The authors concluded that the Double Endobutton and Mersilene tape construct is a safe and effective technique in the treatment of acute complete AC joint dislocations.</p> <p>This is a nice series reflecting what is already a common technique in the management of ACJ dislocations. In the UK, most surgeons favour a “tightrope” technique, rather than fixed length button devices. This allows for a more controlled “snugging down” of the clavicle. The surgical</p>	

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	<p>images are quite good, and on balance this could be published.</p> <p>I have a few comments.</p> <p>1) The paper is written a little like a Powerpoint presentation. Figures 1-9 , 19, 20 and 21 are fine. However, in my view all the other tables and graphics figures are surplus to requirement and should be removed.</p> <p>2) The numbers/data should be either combined into a single “patient demographics” Table and a single “outcomes” Table, or just included as text in the Results section.</p> <p>3) Please don’t use abbreviated symbols such as “&”. Please spell out the whole word “and”</p> <p>4) Proper nouns have Capital letters, eg “Zanca”</p> <p>5) The written language needs improving throughout the manuscript. The font should also be uniform.</p> <p>6) There is a lot of unnecessary repetition in each section. For example in the Abstract, The Methods section twice mentions that patients had reconstructions using a Double Endobutton , Mersilene tape and # 5 Ethibond construct. With 4 mentions in total. This could be better written.</p> <p>7) Were the cases consecutive?</p> <p>8) Were any other patients excluded or treated differently?</p> <p>9) The section of text in the “Conclusion”, “The AC joint is not a rigid joint. With adduction and extension, it displaces up to 35 degrees anteriorly and posteriorly . Any form of rigid fixation is therefore non-anatomical and will inevitably impair the range of motion of the AC joint. The Endobutton & mersilene device reproduce the course of the conoid & trapezoid portion of the coracoclavicular ligament which is placed in an anatomically correct fashion and providing both vertical & horizontal stability. Endobutton avoids the implant related complications and further surgery to remove the implant”, should be removed and should be part of the Discussion.</p> <p>10) The layout of the write-up is messy. The whole “Results” section needs to be properly written, rather than demonstrating a range of largely unnecessary Tables and Figures.</p> <p>11) The Conclusion also needs to be written properly. Rather than a bullet-point list. This should have concluding remarks, and should not be a list of the Results.</p> <p>12) I am not sure that the authors can claim “Endobutton , mersilene tape and # 5 Ethibond gives both vertical & horizontal stability of Acromioclavicular joint”. Without proper Biomechanical or dynamic imaging data.</p>	
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PART 2:

	Reviewer’s comment	Author’s comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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