

Dear Reviewers:

Thank you for your valuable remarks concerning our manuscript. Based on your comments, we have revised the manuscript, and we hope that it is now fit for publication.

I- **Answers to Reviewer 1 (Reviewer's code: 02844701)**

give more clinical details of case related to renal failure cause of renal failure duration of dialysis adequacy of dialysis associated co-morbid conditions heparin use in dialysis PT APTT anti-coagulation overdose status of nutrition malnutrition status of CKD MBD biochemical reports what is cause and effect relation of tendon rupture and renal failure or it is just association mention study limitation

I have added these details in the revised manuscript as follows:

- 1: "Laboratory analyses revealed a white blood cell count of 8540/mm³, hemoglobin of 8 g/dl, platelet count of 352000/mm³. Blood testing revealed the following values: sodium, 137 mmol/l; potassium, 4.8 mmol/l; calcium, 2.2 mmol/l; phosphorus, 0.9 mmol/l; serum uric acid, 267 μmol/l; creatinine, 765 μmol/l; and serum parathyroid hormone, 45 pg/ml (normal, 9- 65 pg/ml)."
- 2 - "Hemostasis assessment was within normal limits."
- 3 - "Bone densitometry, which was previously performed, revealed osteopenia related to chronic kidney disease. There was no significant medical history, and no other co-morbidities were noted."
- 4 - "The patient exhibited good general conditions with no signs of malnutrition."

Unfortunately, we do not exactly know the reason for renal failure. The patient reported that he was followed-up for renal failure since an early age; however, he is not aware about what exactly caused this disease.

The relationship between chronic renal failure and bilateral rupture has been emphasized upon in the discussion section, for example: “weakening of the tendon may be observed when collagen is replaced by elastin during chronic metabolic acidosis due to chronic renal failure. Such patients are therefore at risk for bilateral ruptures.”

II- Answers to Reviewer 2 (Reviewer’s code: 02997214)

1- Very short introduction and case description but very long Discussion, please balance them.

4- “Ruptures of the quadriceps tendon are usually observed in patients over 40 years old with a sex ratio of 6:1 [3,4]. The most commonly reported mechanism is the sudden reflexive eccentric contraction of the quadriceps with the foot anchored to the ground and the knees flexed (for example, by catching up after tripping on a step or sidewalk). Common predisposing medical conditions related to quadriceps rupture include diabetes, chronic renal failure, and hyperparathyroidism [1], with crystal arthropathic disease, inflammatory arthritis, and obesity also having been proven to be predisposing factors [5].”
Patients usually complain of severe knee pain and complete functional disability of the lower limbs. In younger patients, however, major trauma by direct shock or laceration by a blunt object has been more common. In the absence of a traumatic context, assessment should be focused on identifying systemic diseases wherein tendons become weakened, such as in systemic lupus erythematosus, rheumatoid arthritis, primary hypoparathyroidism, secondary hyperparathyroidism, tuberculosis, syphilis, and chronic renal failure. Hence, tendon ruptures could be caused by the diminution of local circulation, abnormalities in collagen metabolism, repeated microtrauma, weakening, and calcifications, which consequently reduce the elasticity of the tendon. Most

authors agree that bone resorption at the tendon insertion sites due to secondary hyperparathyroidism contributes to the pathogenesis of tendon ruptures. In addition, weakening of the tendon may be observed when collagen is replaced by elastin during chronic metabolic acidosis due to chronic renal failure. Such patients are therefore at risk for bilateral ruptures.”. These long paragraphs of Discussion has some repeated and unnecessary information please shorten and move them to the Introduction section. They are general information

As per your comments, this paragraph containing general information was moved to the introduction section (We have accordingly changed the order of references): **“Ruptures of the quadriceps tendon are usually observed in patients aged over 40 years; a sex ratio of 6:1 has been recorded for this phenomenon [3,4]. The most commonly reported mechanism is the sudden reflexive eccentric contraction of the quadriceps, with the foot anchored to the ground and the knees flexed (for example, by catching up after tripping on a step or sidewalk). Common predisposing medical conditions related to quadriceps rupture include diabetes, chronic renal failure, and hyperparathyroidism [1], with crystal arthropathic disease, inflammatory arthritis, and obesity also haven been proven to be predisposing factors [5].”**

“Common predisposing medical conditions related to quadriceps rupture include diabetes, chronic renal failure, and hyperparathyroidism [1], with crystal arthropathic disease, inflammatory arthritis, and obesity also having been proven to be predisposing factors [4]”: This information was redundant, so I deleted it.

“(for example, by catching up after tripping on a step or sidewalk)”: This information appears unnecessary, so I deleted it.

“ such as in systemic lupus erythematosus, rheumatoid arthritis, primary hypoparathyroidism, secondary hyperparathyroidism, tuberculosis, syphilis, and chronic renal failure” is redundant; Hence, I deleted this sentence from the discussion section.

Thus, I think that the revised manuscript now has an appropriate balance between the two sections, as recommended.

2- Please give some details related to the renal insufficiency and also some biochemical values before and after surgery.

The relevant details have been included in the case report section.

3- There are some minor points such in case report “A 43-year-old patient” should be “A 43-year-old male patient”. It exists in abstract but should also be in case report section.

This point was corrected as recommended.

5- Please use new references such as “[Spontaneous simultaneous bilateral rupture of the quadriceps tendon in patients with parathyroid adenoma: case report and literature review].Mokoko-Louckou AE, Chaibou B, Abdouli I, Bouhelo-Pam KPB, Idrissi ME, Shimi M, Ibrahim AE, Mrini AE. Pan Afr Med J. 2018 Jan 4;29:14. doi: 10.11604/pamj.2018.29.14.13540 “. Please exclude very old references such as 2 Steiner CA, Palmer LH. Simultaneous bilateral rupture of the quadriceps tendon. Am J Surg 1949; 78(5): 752-5 [PMID: 15391185].

- Steiner CA, Palmer LH. Simultaneous bilateral rupture of the quadriceps tendon. *Am J Surg* 1949; 78(5): 752-5 [PMID: 15391185] : this reference has been deleted as recommended.

- Spontaneous simultaneous bilateral rupture of the quadriceps tendon in patients with parathyroid adenoma: case report and literature review]. Mokoko-Louckou AE, Chaibou B, Abdouli I, Bouhelo-Pam KPB, Idrissi ME, Shimi M, Ibrahimi AE, Mrini AE. *Pan Afr Med J*. 2018 Jan 4;29:14. doi: 10.11604/pamj.2018.29.14.13540 “: This reference has been added to the introduction section to support the statement that hyperparathyroidism is a predisposing factor.