

Dear Editor,

Thank you for your time and consideration of our manuscript titled, “**Simultaneous Repair of Bilateral Pectoralis Major Tendons: A Case Report**” We have made several revisions to the manuscript which we feel have greatly improved the manuscript. The changes have been highlighted in the manuscript using tracked changes as well as described below each reviewer’s comments. Thank you again for this opportunity as we feel this manuscript adds important information to the literature.

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: I think this paper is relevant and can be useful for the orthopaedic community. Comments: I missed some information as the time of the injury, the surgical technique that was performed and the time of postoperative follow-up. It could be more elaborate, containing more information about biomechanics, mechanisms of injury and treatment modalities.

Line 32 – what is difference between the technique you have used to what have been done so far?

Thank you for bringing up this point. Previous literature evaluating bilateral pectoralis major ruptures has focus on staged repair of each tendon. Our case report provides insight into the clinical outcomes following simultaneous repair of both tendons. Line 30 now reads “While other cases of bilateral pectoralis major tears have been reported in the literature, the operative management in this report differs by providing clinical outcomes for simultaneous repair of both tendons.”

Line 32 – This sentence “The patient provided informed consent for all imaging, reports, and publications regarding his injury” should be on the case report topic, not on the introduction.

Thank you for this correction. This passage has been removed from the introduction and place in the case report topic as suggested. Line 49 now reads “The patient provided informed consent for all imaging, reports, and publications regarding his injury.”

Line 41 – Put “in” at the beginning of the sentence “the subsequent morning...”.

Thank you for this correction line 45 now reads “In the subsequent morning the patient described significant ecchymosis and swelling in the axillae and anterior surface of the arms bilaterally.”

Line 72 – Please change “was begun” for “started”.

Thank you for this correction. Line 89 now reads “Rehabilitation started at 2 weeks post-operatively with Cuff isometrics and passive shoulder ROM.”

Line 73 - Please change “Starting at” for “After”.

Thank you for this correction line 90 now reads “After 6 weeks postoperatively the sling was discontinued, and the patient began active shoulder motion, rotator cuff and scapular stabilizer strengthening, and restoration of full passive shoulder ROM.”

Line 75 – The abbreviation ROM was not introduced in the previous paragraphs.

Thank you for pointing this out. Range of motion has been spelt out for the abbreviation ROM. Line 92 now reads “After 6 weeks postoperatively the sling was discontinued, and the patient began active shoulder motion, rotator cuff and scapular stabilizer strengthening, and restoration of full passive shoulder range of motion (ROM).”

Line 84 – Please correct PRMOIS to PROMIS.

Correction has been made to line 101 which now reads “the patient reported PROMIS interference scores for upper extremity, physical function, pain, and depression of 51.4, 56.1, 38.7, and 34.2 respectively.”

Line 85 – Did PROMIS actually decrease with 6 months of follow-up compared to 3 months (line 80)?

Yes, a decrease in PROMIS Pain and Depression scores at 6 months postoperative are indicative of diminished pain experienced by the patient.

Discussion about their novel repair technique and why it is different from others that have been published before should be included. Besides, it would be interesting to also discuss about the challenges of a bilateral procedure for this specific injury and compare their results with the existing literature.

The novelty in this case report lies in the fact that simultaneous bilateral repairs of pectoralis major tendons were performed. Traditionally these repairs had been performed in a staggered fashion. In an effort to elaborate further on the challenges of bilateral procedures line 176 of the discussion now reads “Extra considerations must be made when opting to perform simultaneous bilateral surgical repairs. Patient selection is critical particularly in patients with significant comorbidities as there could be potential for increased perioperative complications. Additionally, it is essential that patients understand their limited function in the immediate postoperative period and have a dependable support system to aid in the recovery process. Operative time is also a consideration as performing bilateral simultaneous repairs will lead to increased anesthesia, higher risk for clotting, and increased blood loss than a one sided procedure.”

Lines 91 and 92 – Please rewrite, they are confusing.

Thank you for bringing this to our attention. In an effort to simplify the language used the sentence has been broken up. Line 147 now reads “Between the first case recorded in 1822

and 1990, fewer than 90 cases were documented in the literature. As of 2010 there have been 365 recorded cases in the literature.”

Lines 110 and 111 – As a suggestion, please change “if he had patient presented closer to his injury date” to “if the patient had appeared closer to the date of injury”

Thank you for this recommendation. Line 166 has been updated to reflect this change and now reads “Our patient presented to our clinic 29 days out from injury; if the patient had appeared closer to the date of injury, staggering the surgeries between sides would have been contemplated.”

Line 124 – Please change “demonstrate” to “demonstrated”.

Thank you for this correction. “Demonstrate” has been changed to demonstrated” on line 181.

Lines 131 to 133 – Please, be more specific about the difference in your technique compared to the other techniques that have been previously published.

Thank you for bringing this to our attention. In an effort to clarify the language used we have specified that the novelty in our case report lies in the simultaneous repair of both tendons which differed from the staggered repair present in the existing literature. To reflect this line 187 now reads “Only a handful of cases regarding bilateral rupture of the pectoralis major tendon have been recorded in the literature demonstrating staggered repair of each tendon; however, to our knowledge, this case represents a novel simultaneous repair technique for bilateral rupture of the pectoralis major tendons.”

4 LANGUAGE QUALITY

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript’s language will meet our direct publishing needs.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly. Now we list the abbreviations rules as follows.

(1) Title: Please spell out any abbreviation in the title. Abbreviations are not permitted.

(2) Running title: Please shorten the running title to no more than 6 words. Abbreviations are permitted.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori).

(4) Key words: Abbreviations must be defined upon first appearance in the Key words.

(5) Core tip: Abbreviations must be defined upon first appearance in the Core tip. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Examples: Example 1: Hepatocellular carcinoma (HCC).

Example 2: Helicobacter pylori (H. pylori)

(8) Figures: Please verify the abbreviations used in figures and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

(9) Tables: Please verify the abbreviations used in tables and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

Science editor: 1 Scientific quality: The manuscript describes a case report of the simultaneous repair of bilateral pectoralis major muscle tendon ruptures. The topic is within the scope of the WJO. (1) Classification: Grade C; (2) Summary of the Peer-Review Report: The authors report a case that is relevant and can be useful for the orthopaedic community. However, the questions raised by the reviewer should be answered; and (3) Format: There are 10 figures. (4) References: A total of 24 references are cited, including 4 references published in the last 3 years; (5) Self-cited references: There are no self-cited references; and (6) References recommend: The authors have the right to refuse to cite improper references recommended by peer reviewer(s), especially the references published by the peer reviewer(s) themselves. If the authors found the peer reviewer(s) request the authors to cite improper references published by themselves, please send the peer reviewer's ID number to the editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade B. 3 Academic norms and rules: The authors provided the CARE Checklist–2016 and Written informed consent. No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJO. 5

Issues raised: (1) The title is too long, and it should be no more than 18 words

Thank you for bringing this to our attention. The title has been shortened to meet the journals criteria. Title now reads: Simultaneous Repair of Bilateral Pectoralis Major Tendons: A Case Report

(2) The "Author Contributions" section is missing.

Thank you for bringing this to our attention. The author contribution section has been added to the unblinded title page which now reads "Okoroha KR, Shah S, Buckley P, and Abbas MJ were members of the patients care team and reviewed the literature and contributed to manuscript writing. Okoroha KR and Shah S were the orthopedic surgeons who managed the patient operatively. Buckley P and Abbas MJ recorded the operative technique and captured images of the patients in the perioperative setting. All authors contributed to revisions of the manuscript and issued approval on the draft submitted."

Please provide the author contributions; (3) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

The authors have now included the original pictures in the PowerPoint file to allow for reprocessing.

(4) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

The PMID and DOI has been added to the reference list of the manuscript.

(5) The “Case Presentation” section was not written according to the Guidelines for Manuscript Preparation. Please re-write the “Case Presentation” section, and add the “FINAL DIAGNOSIS”, “TREATMENT”, and “OUTCOME AND FOLLOW-UP” sections to the main text, according to the Guidelines and Requirements for Manuscript Revision. 6 Recommendation: Conditional acceptance.

Thank for bringing this to our attention. The format of the manuscript has been revised to be in line with journal guidelines. The section for final diagnosis, Treatment, and Outcomes and follow-up has been added.