

## Peer Review File

Article Information: <https://dx.doi.org/10.21037/acr-24-30>

### Reviewer A

**Comment 1:** This is a clinical case report and the findings and the surgical techniques have clinical implications. In the abstract, I suggest the authors to explain the potential clinical contribution of this case.

**Reply 1:** Thank you for the comment. We have added sentences that illustrates your comment.

**Changes in the text:** Page 2, lines 41-44 and 61-62, in red.

**Comment 2:** The case presentation needs to provide more details of the inadvertent midsubstance transection of the deep part of the MCL and the repairing treatment.

**Reply 2:** Thank you for your comments. We have provided more details on the deep MCL lesion and the repair technique as suggested.

**Changes in the text:** Page 5, lines 141-150, in red.

**Comment 3:** The current conclusion should be tone down since the findings are from a case report only.

**Reply 3:** Thank you for your comment. We have added a sentence in the two conclusions that moderates our findings in relation to the limited impact of a case report.

**Changes in the text:** Page 2, lines 65-66. Page 9, lines 312-313, in red.

**Comment 4:** Second, in the introduction, it is necessary to clearly explain why this case deserved to be reported and what the potential clinical contribution was.

**Reply 4:** Thank you for your comment. We have added sentences into the introduction incorporating your suggested elements.

**Changes in the text:** Page 4, lines 85-89 and lines 113-116, in red.

**Comment 5:** In the case presentation of the main text, please have a timeline figure to describe the diagnosis, treatment, progression, and prognosis at each follow up.

**Reply 5:** Thank you for your precious comment. We have added a flowchart as suggested.

**Changes in the text:** Page 5, line 173. Page 6 line 183. Page 15, lines 464-470, in red.

**Comment 6:** Please also consider to cite several related papers: 1. Pan S, Huang C, Zhang X, Ruan R, Yan Z, Li Z, Pang Y, Guo K, Zheng X. Non-weight-bearing short knee radiographs to evaluate coronal alignment before total knee arthroplasty. Quant Imaging Med Surg

2022;12(2):1214-1222. doi: 10.21037/qims-21-400. 2. Barawid EL, Davis SM, Ardestani A, Turchi RD. Periarticular dextrose prolotherapy after total knee arthroplasty: a retrospective case series. AME Surg J 2023;3:28. 3. Vanderbrook D, Anoushiravani AA, O'Connor CM, Adams C, Whitney D, Tartaglione J, Roberts J. The impact of total knee arthroplasty on golfing activity. Ann Joint 2022;7:22.

**Reply 6:** Thanks for your comments. We appreciated the suggestion of the listed references. We have reviewed the articles and incorporated several reference noted in the comment.

**Changes in the text:** Page 8, lines 291-292, in red.

## **Reviewer B**

**Comment 1:** Figures and tables should be cited **consecutively** in the text and numbered in the order in which they are discussed. Therefore, the first mention of Figure 7 should be after Figure 6. Please modify your citations of figures in the text.

**Reply 1:** Thank you for your comment. We have made the modifications in the text and renumbered the figures accordingly.

**Comment 2:** There seems no mention of **Figures 4 and 5** in your text. Please recheck.

**Reply 2:** We have added specific references to these figures (renumbered) in the text.