

Peer Review File

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Reviewer A

Comment 1: The authors reviewed how to diagnose and manage recurrent peroneal tendon dislocation with informative images.

One comment is to explain and reference the concept of 'pseudo-pouch.' Is it an intentionally augmented structure after intra-sheath injection or already existed lesion accompanying RTPD?

Reply 1: The “pseudo-pouch” is a lesion already present with RTPD; this paper recommends observation of a pseudo-pouch using an intrasheath injection as detection of a pseudo-pouch using ultrasonography is difficult without fluid accumulation.

Changes in the text: Thank you for your comment. As per the suggestion, we have explained the concept of a ‘pseudo-pouch’ as follows:

When these structures including the SPR and FCR, fail, PTD occurs. Moreover, if these structures detached from the fibula do not heal in good alignment with the fibula, they create a space on the fibula surface, called a ‘pseudo-pouch’, leading to RTPD. (see Page 3, line 72).

We also added:

Most RTPD cases form a pseudo-pouch; however, confirmation of its presence on imaging is difficult unless fluid accumulation is observed as well. Thus ~~In cases of RTPD~~, a definitive diagnosis can be made if a pseudo-pouch is identified after fluid injection into the peroneal tendon sheath (see Page 8, line 221).

Reviewer B

1. Please number each affiliation and add city/country to all affiliations.

Reply: I revised according to your comments.

2. MRI should be defined upon first use in the Abstract.

Reply: I revised according to your comments.

3. RPT/MRI should be defined upon first use in the Main Text.

Reply: RPT is a mistake for RTPD.

4. Line 150-151: “Poll and Duijfjes (22) described osteotomy of the distal fibula, including the CFL, and Pozo and Jackson (22, 23)...”

Ref 22 was cited twice in the same sentence.

Reply: I revised according to your comments.

5. Line 158: “McGravey and Clanton reported a 19% complication rate using this technique (25).”

Please check the correctness of the author’s last name and be consistent with the bibliography.

Reply: I revised according to your comments.

6. Line 174: “Walter et al. (37)”

Please check the correctness of the author’s last name and be consistent with the bibliography.

Reply: The author's name was misspelled and has been corrected.

7. Line 181: “However, a recent study that examined anatomical features using CT and MRI reported that PTD is more affected by the amount of soft tissue, such as the muscle belly, in the peroneal tendon sheath than by the bony morphology of the retromalleolar groove.”

Please add a reference.

Reply: The author's name was misspelled and has been corrected.

8. Please check the correctness of the definitions of PB and PL in the explanatory legend of each figure.

Reply: The definitions of PL and PB are correct.

9. Figure 2: “B: Type 2: This is a type of dislocation with the FRC and SPR.”

Please check the correctness of FRC.

Reply: FRC is a mistake for FCR.

10. The definition of each abbreviation in Figure 12 should be provided.

Reply: I revised according to your comments.