

REVIEWER'S REPORT

Manuscript No.: **IJAR-53508**

Date: 23-08-2025

Title: A COMPLEX CASE OF MPFL RECONSTRUCTION WITH SEMITENDINOSIS AUTOGRAFT FOR A TRAUMATIC PATELLAR DISLOCATION WITH A FULL THICKNESS MPFL TEAR IN A YOUNG FEMALE - A CASE REPORT

Recommendation:

Accept as it isYES.....

Accept after minor revision.....

Accept after major revision

Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality			✓	
Techn. Quality			✓	
Clarity			✓	
Significance			✓	

Reviewer Name: Dr Aamina

Reviewer's Comment for Publication.

Abstract Evaluation:

The abstract provides a concise overview of the clinical issue of patellofemoral instability and its association with medial patellofemoral ligament (MPFL) injuries. It emphasizes the rarity of full-thickness MPFL tears in young females requiring reconstruction and outlines the clinical scenario of the reported case. The summary highlights the surgical intervention—MPFL reconstruction with semitendinosis autograft—and notes satisfactory postoperative progress. The abstract successfully situates the case within the broader clinical context and establishes its relevance by pointing out its rarity.

Introduction Evaluation:

The introduction sets the stage by contextualizing patellar dislocations as severe injuries with significant recurrence rates when managed nonoperatively. Epidemiological data is provided to underscore the clinical significance of patellar instability. The discussion then transitions to historical and contemporary management strategies, contrasting nonoperative treatment of initial dislocations with surgical options for recurrent instability.

The introduction correctly identifies the MPFL as the key soft tissue stabilizer of the patellofemoral joint, providing detailed anatomical information about its origin, course, and insertion. The explanation of its biomechanical function in preventing lateral patellar dislocation strengthens the rationale for focusing on MPFL reconstruction in such cases. The section also highlights the multifactorial nature of patellar instability, referencing additional pathoanatomic lesions such as torsional abnormalities, patella alta, lateral tibial tubercle position, and genu valgum, thereby framing the case within the complexity of the disorder.

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Overall Assessment:

The manuscript successfully outlines a rare and clinically significant case of patellar dislocation with a full-thickness MPFL tear in a young female, managed through reconstruction with semitendinosis autograft. The abstract is precise, the introduction is well-structured, and the content integrates clinical, anatomical, and epidemiological perspectives. The case is well-positioned to add value to the existing literature on patellofemoral instability and surgical management.
