Fwd: Your JBJS Case Connector Submission (CC-D-26-00105) - [EMID:57c104a42eda41f2]
1 pesan

Sel, 10 Mar 2026 pukul 07.30

JB&JS
CASE CONNECTOR
Connections and Trends in Orthopaedic Surgery

Mar 09 2026 12:41PM

RE: "Staged Surgical Management of Chronic Calcaneal Osteomyelitis with Achilles Tendon Loss: A Case Report," number CC-D-26-00105

Dear Dr. Kholinne:

Your manuscript entitled, "Staged Surgical Management of Chronic Calcaneal Osteomyelitis with Achilles Tendon Loss: A Case Report," number CC-D-26-00105, has been reviewed by Consultant Reviewers to JBJS Case Connector. There was considerable interest in your manuscript. However, our Consultant Reviewers did have questions and concerns that need to be addressed before further consideration can be given to your manuscript. These are listed below.

I hope that you are able to address these concerns in a revised manuscript accompanied by a response letter. In your response letter, each reviewer concern should be reiterated followed by a specific response. Additionally, all corresponding changes to the text should be in bold. The due date for revision will be Mar 23 2026 11:59PM.

Note too that for the references, for example #6 and #20, JBJS journals list all authors, not "et al".

Please note that revised reports should not exceed 1600 words, excluding the references and figure legends.

When submitting your manuscript in Editorial Manager, please format according to the following guidelines:

- Text is in Calibri or Times New Roman font, size 11 or 12
- Manuscript is double-spaced with title on first page

- Pages and lines are numbered (use continuous line numbers)

Additionally, please be sure that completed Copyright Transfer and Conflict of Interest forms have been completed and uploaded for all authors. If accepted, all forms must be received before publication can occur. All authors should also have ORCID iDs included in Editorial Manager. Please refer to our Author Resource Center for more information.

Thank you for your interest in submitting to JBJS Case Connector.

Sincerely,

Thomas W. Bauer, MD, PhD
Co-Editor
JBJS Case Connector

Reviewer 1:

Some clinical details are currently missing, please attempt to add:

Line 45: what surgical procedures did he have? What attempts hadbeen made for infection control versus tendon salvage?
What organism was isolated previously?

Line 46: did the patient have loss of resting plantarflexion and a calcaneus gait? Can you comment on function of other flexors?

Line 57: was there a measurable segment of Achilles tendon that was missing?

Line 65: what was the organism and was it also susceptible to vancomycin? You mention later that you had culture specific antibiotic beads (Line 115), isn't use of vancomycin PMMA beads an empiric choice?

Line 73: It is surprising here as the reader to find that no reconstruction procedure was performed for the Achilles. This merits further discussion, including the decision making process and more detailed postoperative clinical exam (resting tension, toe clawing) or supportive diagnostic findings (MRI or ultrasound?).
please add to your Abstract. "No further reconstruction was performed for the Achilles tendon, yet the patient had restored plantarflexion and functional gait."

Overall the description of 2 staged debridement of calcaneal osteomyelitis was comprehensive and suggests that an aggressive eradication of infection with antibiotic beads can be coupled with a short course of IV antibiotics with success. The novelty of this case rests largely with improved ankle plantarflexion strength and tension without any Achilles tendon so it is important to clarify why this was chosen and how it came to be successful.

Reviewer 2:

A 50-year-old man with chronic nonhealing posterior calcaneal osteomyelitis underwent successful two stage radical debridement and antibiotic-impregnated polymethacrylate followed by bead removal. This case report provides good information and I support publication.

1. line 9 - define radical debridement.
2.line 45-46 - provide more information of the previous surgical treatments'
3. line 61 - what bacteria was identified from the surgical culture?
4. Were oral antibiotics used after the two weeks of intravenous antibiotic treatment?