Review Form 1.6

Journal Name:	**Asian Journal of Orthopaedic Research**
Manuscript Number:	**Ms_AJORR_81809**
Title of the Manuscript:	**RATE AND CAUSES OF TOTAL HIP ARTHROPLASTY REVISION AT A REFERENCE HOSPITAL IN TANZANIA 2008-2018**
Type of the Article	**Original Research Article**

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty'**, provided the manuscript is scientifically robust and technically sound.
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	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Compulsory REVISION comments	One of the most important issues in a retrospective study is the patient's selection, where the inclusion and exclusion criteria must be adequately detailed, avoiding possible selection biases. The major weakness of this report is based on the randomization method for patient selection: This is a study covering a period of 11 years, where 950 arthroplasties were performed, but of which only 206 (21.7%) were assessed. The questions that arise as a reviewer are: Is there a database where they collected the information? Is only 21% of the total population-representative? How were the included patients selected? What do you mean by systematic random sampling? Is it software? Why was such a low percentage of patients selected? Economic factors do not justify the impossibility of retrospective analysis of the medical records of each patient. All this affects the reproducibility of the study. What do you mean by The primary outcome was total hip arthroplasty revision due to any cause within 10 years? Revisions performed before 10 years of follow-up? Or within the first 10 years of arthroplasty experience? Rephrase. Results: There is some repetition between what the authors develop in the manuscript and what is described in tables and graphs. Regarding the description of the age of the series, if the patients were older than 18 years, age is not a normal variable, so it should be reported as median and interquartile range or simply range. The same with the time of review. Why are the revisions presented by age groups? What is the objective if this item is not developed in the discussion? It is reported that there were 7 revisions due to recurrent dislocation. The percentages should be presented for the total number of patients 7/206=3.39% as well as for the total number of revisions. The same for the rest of the causes of revision. In such a low number of complications, two decimal places should be used to express the percentages. In general, limited analysis of the information is observed... examples: -revisions due to mechanical loosening, probably occurred at different times than those caused by dislocation or infection. -were the periprosthetic fractures intra- or post-operative? With cemented or uncemented prostheses? All this information could enrich the study. The study limitations are poorly specified.	
Minor REVISION comments		
Optional/General comments	The authors are congratulated for the work done, where they report the rates and causes of revision in the center where they work. They retrospectively analyzed a series of patients treated with total hip arthroplasty who required prosthetic revision, highlighting the time of evolution and its causes.	

	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Are there ethical issues in this manuscript?	*(If yes, Kindly please write down the ethical issues here in details)*	

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