Reviewer comments

- Encouraged by the good results of the titanium elastic nails (TEN) in the adolescent age the authors want to extend its indication into the preschool age.
- This is good but it is well known that the healing power is high, the remodeling power is also high and the range of acceptance is wide in this age group. So, the conservative treatment is the gold standard.
- Operative treatment should be reserved for certain cases such as poly trauma patient, unstable fracture with risk of redisplacement and difficulty to obtain an acceptable reduction.
- So, there should be clear inclusion criteria to justify the need for surgery in that group of patients.
- It is unwise to change the rational of treatment on the basis of parent satisfaction. It is unlogic to do surgery for undisplaced fractures.
- Also there are some drawbacks for the TEN such as irritation at the entry point, risk of growth plate injury and the need for second operation to remove the pins. These drawbacks are not mentioned in the text clearly.
- These drawbacks are not present with the conservative treatment and they should be mentioned is advantages for the conservative treatment.
- The conclusion is not logic. You can not propose TEN as the method of choice on the base of this small study.
- Most of the references are outdated, recent ones must be added.

Inclusion criteria to justify the use of surgery have been inserted in the text specifying the good results with conservative treatments that represent the gold standard in the subgroup considered thanks to the high healing power, the high remodeling power and the wide range of acceptance.
The drawbacks typical of the surgical treatment with TEN have been described specifying that those are not present with the conservative treatment. Conclusions have been modified suggesting the feasibility of this surgical technique with specific indications. Updated references have been added.

This study is a retrospective study of the outcome after TEN treatment in preschool femoral fracture. I would suggest (1) Please present the figures of surgical steps (2) The descriptive statistic study should be used to present for the demographic data.

(1) Intraoperative X ray and clinical pictures were added (figure 2).

(2) The main characteristics of the study population are presented in the Methods section.

1. Numbers of subjects were relatively small and no comparison groups were set in this study. It would be desirable that more subjects and control group, i.e., conservative treatment group or other type of surgery, were set. But follow-up period is enough to compromise those problems.
2. Please describe more details of the operative procedure, i.e., how to make an entry hole or how to decide the size of TEN.
3. Does the author have any comments on Kirschner wire or Ender nail instead of TEN because TEN is not available in some countries?

1. Ok

2. Thank you for this remark. We have modified the text accordingly. "…calculating the diameter as the 40% of the medullary canal [7] …" and we add "The entry points in the bone were performed using a drill bit with a diameter of 3.5 mm, almost 2.5 cm proximal to the distal physis, one medial and one lateral."

3. We have no experience with Kirschner wire or Ender nail used for this kind of fracture.

5 What are the novel findings of this study?

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