

Dear Reviewers:

I would like to thank you for providing helpful comments regarding the manuscript. We have revised the manuscript accordingly.

I- Answers to the comments by reviewer number 1 (Reviewer's code: 00501325)

Title:

Title: Irreducible Anterior Transolecranon Fracture Dislocation of the Elbow in a Child: A Case Report. The irreducibility is a matter of a hand skill, therefore it has no place in the title and transolecranon serve as fracture, therefore, no need for redundancy.

The title has been revised as per the comment. Thus, the terms irreducible and fracture have been deleted.

The changes have also been applied in the main text and Figure 1.

New Title: Anterior Transolecranon Dislocation of the Elbow in a Child: A Case Report

Abstract:

Abstract: Please omit the word fracture "sequellar flexum" the statement is not common in the English literature, it is better to use " extension lag" or "flexion deformity"

We have revised "sequellar flexion" to "flexion deformity."

Main Text:

According to your clinical finding Case Report: “with complete functional disability of the left upper limb” This statement conflicts with next statement “The neurovascular status of the limb was intact, range of motion was restricted by pain, and the fingers were mobile and sensitive.”

The statement “complete functional disability of the upper limb” is extremely exaggerated. We believe the term “functional” disability is more precise. Motion is reduced by pain. However, the neurovascular status is appropriate. Thus, we think that removing the word “complete” is sufficient to improve the coherence of the two statements.

"the radial pulse was strong" it is better to say "the radial pulse was palpable and equal to the contralateral side".

The statement “the radial pulse was strong” has been revised to “the radial pulse was palpable and equal to the contralateral side.”

“An external approach” what approach (lateral approach) or (Boyd and Speed approach).

The surgical approach used was an external “lateral approach,” and this term is more precise. Thus, it has been added as per the recommendation.

“sequellar 10° of flexum” please revise

The statement “sequellar 10° of flexum” has been revised to “with 10° of sequellar flexion deformity,” which is more commonly used in English literature.

What about the range of supination and pronation movements

We have added the following statement: “the range of supination and pronation movements was complete after rehabilitation.”

Discussion:

“Postoperative stability was maintained by a splint with 90° flexed elbow” A figure without a legend shows the elbow in more than 90-degree flexion.

In the initial submission of the manuscript, Figure 5 shows reduced elbow mobilization, which was immobilized only at 75°–80°. Thus, we have revised this sentence in the main text. In fact, we observed less tension in the olecranon when the brachial triceps were released.

We checked the manuscript and realized that Figure 5 has already been included in the manuscript.

Title: Post-operative lateral radiography showing good reduction in the olecranon and elbow joint.

This statement was written just below the figure.

You state “We selected simple immobilization of the elbow until consolidation because stable reduction of the olecranon was achieved.” Then you state “The reduction in this patient was good but inadequate, which explains the residual flexum.” How to reconcile the two sentences

The statement “The reduction in this patient was good but inadequate, which explains the residual flexum” has been revised to “The reduction in this patient was good and stable. Therefore, immobilization did not allow immediate rehabilitation. This explains the mild flexion deformity during the last follow-up.”

Moreover, to improve coherence, the sentence has been modified to “We selected the simple immobilization of the elbow until consolidation because the stable reduction of the olecranon was achieved.”

Conclusion

The conclusion is just allegations and has insufficient support.

We have re-written the conclusion section as indicated below:

In conclusion, this uncommon case of anterior transolecranon dislocation could not be successfully managed using simple closed reduction. Open reduction without osteosynthesis of the olecranon had an excellent result at the last follow-up. This indicates that perfect reduction must be the main goal of any approach

and that osteosynthesis is not the only way to recover anterior function of the elbow.

Figures:

Figure 1 and 3 of no importance

Thank you for the suggestion. We have deleted Figures 1 and 3.

Figure 4: I see only radiohumeral articulation in a good position but what about the ulno-humeral articulation and I could not see the olecranon. therefore this figure appears irrelevant.

This figure has been renamed as Figure 2 after removing Figures 1 and 3, and it effectively shows the external approach and the good reduction of the radiohumeral joint. The perfect reduction ulnohumeral articulation was directly controlled. However, its depth was not captured in photos.

Thus, we have modified the title of this figure to **“Open radial head release and reduction of the radiohumeral joint using the lateral approach.”**

Next figure has no comment or number why?

We apologize for the inconvenience. All figure legends were complete. An error might have occurred while submitting the first manuscript.

Figure 5 Post-operative lateral X-ray : At any time postoperatively this radiograph was made, and how you can explain the fragmentation of the olecranon

Figure 6: X-rays showing beginning of healing of the olecranon. What are the visible signs of healing

Initially, we added an anteroposterior radiography image to Figure 5 (which was changed to Figure 3 after removing Figures 1 and 3). Figure 5 contains two images (anteroposterior and lateral radiography images). Thus, the figure title has been changed to **“Immediate postoperative radiography image showing a good reduction of the elbow joint.”** This new title indicates that the radiography image was obtained at any time point postoperatively.

Unfortunately, we did not have more immediate postoperative radiograph images.

Fragmentation of the olecranon is shown in Figure 6 (which has been changed to Figure 4). The new title is **“Radiography image showing the initiation of the healing of the olecranon.”** The fragmentation is explained by the incomplete densification of the fracture, which is a good sign of the healing process. This information has been added to the text.

The title has been changed to **“Four weeks postoperative radiograph image showing the initiation of the healing of the olecranon.”** This indicates that the image was obtained at any time point postoperatively.

Figure 7: It is best to present a photo of both upper limbs to compare

Unfortunately, we do not have a comparative photograph at this stage (4 weeks after surgery). However, we have added a figure (Figure 6 in the new manuscript) showing a comparative motion after rehabilitation and complete healing of the fracture during the last follow-up.

II- Answers to the comments by reviewer number 2 (Reviewer's code: 00501328)

English language needs extensive revision. Please revise.

The revised manuscript was again sent to an online English Language Editing company and was revised by professional editors.

Authors should contact the patient and do QuickDASH score and report results. This will give better feeling and help quantify upper extremity disability. Please revise.

The patient was contacted, and the QuickDASH score was calculated at the three-month follow-up. We have added this detail in the case report section as per the recommendation.

The sentence "with complete functional disability of the left upper limb" is in contrast with the following sentence "The neurovascular status of the limb was intact, range of motion was restricted by pain, and the fingers were mobile and sensitive". Which one is correct? Please clarify and modify text accordingly

The statement "complete functional disability of the upper limb" is extremely exaggerated. We believe that the term "functional" disability is more precise. Motion is reduced by pain. However, the neurovascular status is appropriate.

Thus, we have deleted the term “complete” to improve the coherence of the two statements. The text has been accordingly modified.

Similarly, authors write "We selected simple immobilization ... of the olecranon was achieved". Later they write "The reduction in this patient ... residual flexum". Not clear, please be consistent.

The statement “The reduction in this patient was good but inadequate, which explains the residual flexum” has been revised to “The reduction in this patient was good and stable. Therefore, immobilization did not allow immediate rehabilitation. This explains the mild flexion deformity during the last follow-up.”

Thus, to improve the coherence of the statement, it has been modified to “We selected the simple immobilization of the elbow until consolidation because the stable reduction of the olecranon was achieved.”

Discussion is poorly written and need specific support by references. Please re-write. Why your case is unique? What lessons you learned from this case? These points need to be clarified/expanded. What is the "take-home" message?

The following sentence was added to the Discussion section: “As recommended by Tiemdjo [11], we did not perform osteosynthesis to limit damages of the growth plate and avoid clutter by the material, which may probably perturb the range of motion later. In addition, no other further intervention was required to remove the osteosynthesis material.”

In fact, only few cases were reported, and management is not codified. This made our management different and our case unique.

This is also presented in the Conclusion section, and the following sentences were also modified:

“In conclusion, this uncommon case of anterior transolecranon dislocation could not be successfully managed using simple closed reduction. Open reduction

without osteosynthesis of the olecranon had an excellent result at the last follow-up. This indicates that perfect reduction must be the main goal of any approach and that osteosynthesis is not the only way to recover anterior function of the elbow.

Thus, osteosynthesis is not essential for managing such fractures.

Quality of pictures is low, please provide better quality pictures. Please reduce the number of picture and include only relevant ones.

We have deleted Figures 1 and 3, which have images that are not extremely relevant and are low in quality.

We have added a Figure (better quality) showing the comparative range of motion and plain radiography images showing the healing during the last follow-up (**Figure 6: Healing of the olecranon and good motion after rehabilitation**).