



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 69155

Title: Arthroplasty versus proximal femoral nails for unstable intertrochanteric femoral fractures in the elderly: a systematic review and meta-analysis of randomized controlled trials

Reviewer’s code: 05913595

Position: Peer Reviewer

Academic degree: MD, MSc

Professional title: Doctor

Reviewer’s Country/Territory: Greece

Author’s Country/Territory: China

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors performed a meta-analysis of 4 RCTs comparing arthroplasty vs PFNs for unstable intertrochanteric femoral fractures in the elderly. The title abstract and keywords reflect the hypothesis of the manuscript. The background is adequately described. Methodology was performed following the PRISMA guidelines. Tables included in the manuscript are sufficient and well established. This is a well-presented meta-analysis, however there are a few comments to be addressed before suggesting for publication. 1) First of all, the number of included studies is small (only 4) to reach to safe conclusions. 2) Moreover, there was no subgroup analysis performed for the different groups of intertrochanteric fractures. It is unclear if the results are presented only for unstable intertrochanteric fracture or for both groups (stable and unstable). The authors could look for personal contact with the authors of the included studies to gain information about the outcomes of each group of intertrochanteric fracture separately. 3) Most of the outcome presented with high heterogeneity. Therefore, the reasons for this statistically high heterogeneity should be further discussed. 4) The authors could elaborate more on the reasons for the differences found between arthroplasty and PFN for the treatment of unstable intertrochanteric fractures. Performing hemiarthroplasty for the treatment of unstable intertrochanteric fractures is rather demanding. More advanced techniques such as calcar-replacing prosthesis or greater trochanter fixation is often needed. This could be a determining factor for greater blood loss or longer operation time.