

Reviewer1: Dear authors, I had the opportunity to review your work, and I hope that my comments will help improve the quality and strengthen your manuscript. The manuscript is in need for language editing TITLE: interesting -The authors could divide the section of case report into clinical and radiological subheadings -did the authors start to fix the fracture proximally or distally?

Response: 1. We have modified the manuscript according to the format of the *World Journal of Clinical Cases*, and split CASE REPORT into Chief Complaints, History of present illness, History of past illness, Personal and family history, Physical examinations, Laboratory examinations, Imaging examinations, Final diagnosis, Treatment, Outcome and follow-up.

2. We started to fix the proximal fracture of the clavicle with one cortical screw, kirschner wire and a fragment contoured T-plate. Secondly, we selected an acromioclavicular hook plate to cope with the distal clavicle fracture, considering the rupture of acromioclavicular ligament and the subluxation of acromioclavicular joint.

3. In terms of language, we found a professional to help revise our article.

Reviewer2: Dear authors: Thank you for carrying out this research work, I would like to suggest some areas of improvement for your manuscript: - Firstly, in the introductory section you should talk about the incidence and prevalence of this type of injury. You make it clear that it is an unusual fracture, but you should give some figures. - Furthermore, in your conclusion you refer to the fact that in this type of case, it is essential to carry out immediate surgical intervention, but in your study, in the methods section you comment that the patient was operated on from the fourth day after the accident, please explain this fact. - After the surgical intervention, the patient was immobilised for how many days? did he undergo any specific physiotherapy treatment with the aim of recovering his mobility and muscle strength prior to the intervention? Describe in more detail the steps to be followed after the intervention until the new examination. - The bibliography provided is very scarce, you should deepen your bibliographic review on the subject. Best regards.

Response: 1. Segmental bipolar fractures involving the lateral and the medial ends of the clavicle are even rare, with only isolated cases reported in the literature. So we couldn't provide the incidence and prevalence rate of the bipolar segmental clavicle fracture.

2. In our conclusion, we recommend early surgery rather than immediate surgery about the bipolar segmental clavicle fracture. On the one hand, preoperative examination cannot be completed on the day of the injury, especially reconstructive 3D CT, which is very important for evaluating fracture location. On the other hand, the patient's injury is bound to cause limb swelling, which may affect postoperative wound healing if surgery is performed immediately.

3. From the first postoperative day, the patient was instructed to do active or passive horizontal rotation activities under the protection of the injured shoulder. Our patient discharged automatically on the third day after surgery, so there was no special rehabilitation exercise. We had to direct the following shoulder exercises at each of his outpatient visit. If it is found that the patient's recovery did not keep up with the rehabilitation program, we will arrange a telephone follow-up to guide the accelerated rehabilitation exercise.

4. We have revised the manuscript and added references to make it more rigorous and readable.