



PEER-REVIEW REPORT

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Title: Jones type fifth metatarsal fracture fixation in athletes: A review and current concept

Reviewer's code: 04083668

Position: Editorial Board

Academic degree: MD

Professional title: Lecturer, Reader (Associate Professor), Surgeon, Surgical Oncologist, Teacher

Reviewer's Country/Territory: Spain

Author's Country/Territory: Kuwait

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-02-11 20:20

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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 Grade E: Do not publish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 type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 type="checkbox"/> Minor revision <input checked="" 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



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

statements

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

SPECIFIC COMMENTS TO AUTHORS

It is a nice topic and it will be a nice paper. I have some suggestions about some aspects of the manuscript. I believe you mix a lot of different type of fractures, Jones described years ago an specific fractures of the proximal joint of the 5th metatarsal bone, but these injuries are produced by diverse traumatic mechanism so treatment is quite different. In the abstract you assert that conservative treatment have good outcomes, but I believe there are different approaches for the different type of these proximal fractures. In page 6 of the manuscript, you show a picture of and tubercle avulsion and you conclude that nonunion is uncommon, but you must be careful with this assertion as if there is not a proper immobilization and if distance btween fragments is more than 3-4 mm there will be no bone healing, though it is possible a good function with nonunion of this fracture. Avulsion fractures with no bone contact develop a pseudoarthrosis that can be functional. In table I you show the different radiological images of these fractures, but type 2 and 3 do not agree with the classical description fo Jones. At least as I knew. In the treatment, page 8 you talked about conservative treatment with casts, shoes. boot, but is there any places for shoe inserts??? In page 12 you speak about a plantar plate. I want to ask you, if the problem is in relationship to tension forces on the lateral part of the bone due to adductis of the forefoot, in order to control these forces, plantar location of the plate does not seem a good choice. On the other hand as you say some lines below there are potential complications ought to hardware prominence. In the same page I agree with you that fractures around diaphysis must be addressed with bone graft to improve healing process. It seems quite difficult to damage the nerve during placement of the guidewire in young sportsmen with good cortices if you have done a previous reduction of the fracture. Other think is you place the wire without reduction



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7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA

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E-mail: bpgoffice@wjgnet.com

https://www.wjgnet.com

that it is not a recommendable procedure. You include in the non-surgical treatment neck fractures of the 5th metatarsal bone, but these are distal fractures and I guess your title says Jones' fractures that are proximal or mid-shaft fractures non distal ones.