

Dear editor,

Thank you very much for the editorial staff and reviewer's hard-work in processing our manuscript (NO: 66749). We have carefully read the comments made by the reviewer and the editors. The comments were highly insightful and enabled us to greatly improve the quality of our manuscript. We have responded to the comments point-by-point. Revisions in the manuscript are shown using underline for the additions and strikeout for the deletions.

The revised manuscript has been resubmitted to be considered for publication in your journal. We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in "***World Journal of Clinical Cases***".

Thanks very much for your attention to our manuscript.

Yours sincerely,

Juehua Jing

E-mail: jjhhu@sina.com.

Responses to the reviewer 1:

1. The case presentation can be made more concise. Multiple sub-headings are not necessary, please make it one or two paragraphs.

Response: Thank you for your careful review. The case presentation is a structured section proposed by the journal with a fixed title, which can be seen in “Guidelines for Authors” and the articles that the journal has published^[1,2]. We are afraid we can't modify the multiple sub-headings in this manuscript. We will avoid this problem in future writing, according to your suggestions.

References:

1. Sun YH, Wang L, Ren JT, Wang SX, Jiao ZD, Fang J. Early reoccurrence of traumatic posterior atlantoaxial dislocation without fracture: A case report. World J Clin Cases. 2021;9(6):1461-1468. doi:10.12998/wjcc.v9.i6.1461
2. Liu Y, Dai J, Wang XD, Guo ZX, Zhu LQ, Zhen YF. Open reduction and Herbert screw fixation of Pipkin type IV femoral head fracture in an adolescent: A case report. World J Clin Cases. 2021;9(4):898-903. doi:10.12998/wjcc.v9.i4.898

2. It appears like your patient was on bed rest for a long time. Why was the patient not mobilized early with crutches?

Response: Thank you for your comments. At 1 mo postoperatively, X-rays showed that a small amount of callus had formed around the greater trochanter, while fracture lines are still visible. Therefore, the patient was instructed to perform lower limb functional exercise without weight-bearing in bed. At 3 mo postoperatively, X-rays showed that the fracture lines were blurred. Therefore, the patient was permitted to walk with partial weight-bearing using a walker, and gradually increase weight-bearing. The time of weight-bearing was indeed difficult to determine, so we were conservative in the rehabilitation exercise of patients. Therefore, we report this case and hope to provide a basis for future rehabilitation exercises.

3. Discussion- Please edit the details of other case reports to make them more concise.

Response: Thank you for your suggestions. We have made some detailed revisions that are shown in “Discussion” in the revised manuscript. The underline in the manuscript indicates additions and the strikeout indicates deletions.

4. There are few more case reports of neck and intertrochanteric fractures in young, please discuss about their implant choice, complications and post -op rehab regimen.

Response: Thank you for your careful review, which enabled us to greatly improve the quality of our manuscript. We have made some detailed revisions that are shown using red font in “Discussion” in the revised manuscript. The underline in the manuscript indicates additions and the strikeout indicates deletions.

Responses to Science editor:

1. Academic norms and rules: The authors didn't provide the written informed consent of treatment.

Response: Thank you very much for the hard-work in processing our manuscript. We have resubmitted the written informed consent of treatment.

2. The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response: Thank you for your comments. According to your suggestions, we have provided decomposable Figures (in which all components are movable and editable) and organized them into a single PowerPoint file.

Responses to Company editor-in-chief:

1. Uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file.

Response: Thank you very much for the hard-work in processing our manuscript. According to your suggestions, we have modified the figures and legends and provided decomposable Figures (in which all components are movable and editable) and organized them into a single PowerPoint file.