

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 66968

Title: Intracortical screw insertion plus limited open reduction in treating type 31 irreducible intertrochanteric fractures in the elderly

Reviewer's code: 05937546

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Romania

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-12 07:47

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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 Grade E: Do not publish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 checked="" 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 statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Dear Author, Thank you for the opportunity to review this article. This manuscript assesses limited open reduction and screw fixation among elder patients in a certain fracture pattern that is difficult to reduce in a closed manner (31A3). “Introduction” does enough briefing about the subject, the aim and the surgical technique presented in the paper. Why is “unilateral fractures” an inclusion criterium? How did you treat bilateral fractures? In Discussions, you mention about the learning curve of young surgeons. Since all of your patients underwent CT scan with reconstruction, we recommend 3D modelling using a printer in order to better visualize the fracture and, eventually, to exercise reduction and surgery on printed models. Here is a reference about 3D printing that you can elaborate when talking about the learning curve: „The use of 3D printing in improving patient-doctor relationship and malpractice prevention” published in RJLM, DOI: 10.4323/rjlm.2017.279. You should compare your results with the literature, if possible. The manuscript lacks a proper Conclusion. Also, English must undergo a revision. I.E. “elderly patients with osteoporotic.”. The paper should have a chance of being published after a minor revision.