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## PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 67788

Title: Treatment for subtrochanteric fracture and subsequent nonunion in an adult

patient with osteopetrosis

Reviewer's code: 02689304 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor, Professor, Surgeon, Teacher

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2021-05-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-08 00:55

Reviewer performed review: 2021-06-13 02:50

Review time: 5 Days and 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ Y] Major revision [ ] Rejection
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous  Conflicts-of-Interest: [ ] Yes [Y] No



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## SPECIFIC COMMENTS TO AUTHORS

The framework of writing is unusual. Normally, the Abstract of a case report does not require to be structured. Consequently, it is easier to be read and understood. Besides, it will not repeat the description in the text. Although the authors also submitted an English-editing certificate concomitantly, numerous errors still appeared (e.g., line 126proximal left femur or left proximal femur? present or past tense, singular or plural, --etc.). Re-checking is absolutely necessary. Some doubts require clarification: 1. The Abstract form requires to be re-checked with corresponding to the guidelins of this journal. 2. In the text, osteopetrosis and osteosclerosis are mingled erroneously. e.g., lines-74, 79, 85,109,135,169,175,186. 3. In Introduction, line-99, the follow-up period should be 10 months, and not one year. Although the difference is only 2 months, the definition is quite different. Is nonunion confirmed or not? 4. In lines 131-133, the normal value at your Lab. should be supplemented. 5. In Discussion, lines-225-227, autogenous bone graft may aggravate the trauma? and expensive? Is it true? 6. In Discussion, the authors require to comment the technique: In the initial treatment with locked plating, is supplementary cancellous bone graft from the pelvis helpful? 7. In Discussion, the authors require to comment the aftercare: After the initial internal fixation, is supplementary teriparatide (Forteo) necessary? The reason is similar to treatment of atypical femur fractures. 8. If combined 4. and 5. techniques in the initial operation are used, can the better outcome be achieved? 9. In Discussion, please comment the optimal length of a locked plate. The longer is a plate, the better is the outcome? Or, what is the optimal distance from the farthest screw to the fracture site? 10. The styles of References should be consistent. e.g., p.123-7 or 123-127? 11. Based on pre- and post-operative radiographs, the femur has the narrow medullary canal without complete obliteration. Before a locked plate is inserted, the narrow medullary canal may



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be reamed for a short segment and cancellous bone graft is filled. Whether the union chance may be upgraded? Please give a comment in Discussion. 12. Osteopetrosis with fractures is very rare. Using possible techniques to upgrade the success rate of treatment is always invaluable. Have the authors an ideal protocol for treatment of this issue?



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## RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

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Reviewer's code: 02689304 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor, Professor, Surgeon, Teacher

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2021-05-09

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2021-09-07 11:32

Reviewer performed review: 2021-09-08 11:16

Review time: 23 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ Y] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous
statements	Conflicts-of-Interest: [ ] Yes [ Y] No



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Although this manuscript is revised, several severe errors still exist and require correction. 1. Chief complaints in Case Presentation section repeat the description of Introduction section. What happens? 2. In Imaging examinations, proximal left femur? Or left proximal femur? 3. The time period between the operative treatment and diagnosis of nonunion with PRP treatment is inconsistent at Case summary in Abstract (12 months) and Outcome and follow-up (10 months)? 4. The first paragraph of Discussion section repeats Outcome and follow-up. 5. There is no true Discussion section in the text. 6. The Conclusion is overlong and should be condensed. 7. The reviewer's comments and suggestions are not responded in the text despite that the authors perfectly reply the queries.