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**Name of Journal:** *World Journal of Orthopedics*

**ESPS Manuscript NO:** 24988

**Manuscript Type:** ORIGINAL ARTICLE

Response Letter

Reviewer Comment	Response
When aiming to publish your article in an international journal, you should have in mind the fact that there are different management concepts for the treatment of severely injured patients in other countries. Therefore it would be helpful to explain your system in a more detailed way. I understand that you have different teams of physicians depending on the results of a first (probably whole body) CT scan? If so, you should at least explain this fact in a few sentences. In our country for example, the team is always of the same composition	Definition of our trauma response system and how initial imaging plays a role in team composition was added to the Comments section under Terminology.
In my opinion, the classification into stable and unstable pelvic fractures is not detailed enough. If you want to keep it simple and break down pelvic injuries into those two categories, I recommend to explain in your manuscript, which injuries are considered stable and which are considered unstable. To make this comprehensible, you should use the AO/OTA classification. For example, in your manuscript you state that an incomplete disruption of the posterior arch was considered a stable fracture. However,	Stable fractures were considered AO/OTA classification 61A, 61B2.1, unstable were 61B1, 61B2.2-3, 61B3, 61C

the B1-Type Fracture (“open book”) represents such an injury but can lead to excessive bleeding.	
Since the paper gives only patient’s information of the pelvic injury-severity and none of the overall injury-severity (leading to a Level 1-Trauma Coding) the correlation of the results with ISS (injury severity score) is additionally advisable.	We did not have this data available as this was a retrospective review
Table 1 showing the criteria for Level 1 and Level 2 codes“ at the institution is NOT shown	Tables showing criteria have been added.
Citation of literature in the "discussion"-section is wrong in part 3 (Cordts Filho = 9)	Mistake in citation was corrected, citations and reference list reformatted.
The authors should give some information how a prehospital/emergency evaluation of the pelvic injury in stable/unstable could be realized aiming to a correct Trauma Coding in Level 1 or Level 2.	Paragraph added to discussion regarding the evaluation of pelvic injury in a prehospital setting as well as the reliability of that evaluation.