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## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 9498

**Title:** Atlanto-occipital dislocation

**Reviewer code:** 00725555

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-02-14 13:01

**Date reviewed:** 2014-02-28 07:30

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

Overall, this is a brief review of a rare but important clinical entity, atlanto-occipital dislocation. Although as a review it offers no novel information or findings, it is well written, and as such, warrants publication with the following alterations: 1. More detail should be added to the figure legends for figures 2 & 3, in particular, parts A-D in figure 2 are unlabeled, and the misleading, as they are normal, anterior dislocation, posterior dislocation, and distraction, whereas the Traynelis classification is Type 1 Anterior, Type 2 Distraction, Type 3 Posterior. 2. Under radiologic criteria, the authors point that no single measurement is perfect is well taken. However, while only validated in pediatric patients, the CCI is rapidly becoming the gold standard and this needs to be emphasized to the reader as a take home point. 3. On page 17, the authors mention that they have abandoned TAS in favor of C1 lateral mass screws and C2 pedicle screws. I suspect that the authors mean C2 pars screws rather than pedicle screws and should be changed in the text. 4. In the last paragraph on treatment the authors focus on pediatric patients. The study referenced suggests rigid instrumentation only in kids over 10 years of age. However, multiple studies have shown excellent outcomes using rigid internal fixation in children younger than this, and these should be referenced [Hankinson TC, JNS pediatrics, 2010; Anderson RC, JNS peds, 2007]



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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
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		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

Good review article detailing all clinical aspects of AOD