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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Radiology
ESPS manuscript NO: 11338
Title: Skeletal Dysplasias: A radiographic approach and review of common non-lethal skeletal dysplasias
Reviewer code: 02672195
Science editor: Ling-Ling Wen
Date sent for review: 2014-05-18 23:14
Date reviewed: 2014-05-27 16:24

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[Y] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	
[ ] Grade D: Fair	[ ] Grade D: Rejected	BPG Search:	[ ] Rejection
[ ] Grade E: Poor		[ ] Existing	[Y] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

This review article is very informative for physicians who have encountered cases of skeletal dysplasias. This manuscript is excellent, but I hope that author add a few information below. 1. Please add OMIM number to each disorder. 2. In final paragraph of achondroplasia, thanatophoric dwarfism should be changed to thanatophoric dysplasia. All of the name of disorders should be the same as international nomenclature and dwarfism is not good as medical term. Or if author use thantophoric dwarsism as severe chondrodysplasia, the term "lethal skeletal dysplasia" should be used instead of thanatophoric dwarfism. 3.In first paragraph of Hypochondroplasia, some of hypochondroplasia patients have no mutation in FGFR3 gene. This should be stated.

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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Radiology
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	
[ ] Grade D: Fair	[ ] Grade D: Rejected	BPG Search:	[ ] Rejection
[ ] Grade E: Poor		[ ] Existing	[Y] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

This article reviewed the typical radiological features of commonly encountered dysplasias and presented an outline of working algorithm for differential diagnosis of these disorders. This will be a valuable reference for pediatricians, geneticists, radiologists and orthopedists. However, there are some minor concerns: 1) A concise abstract is absent from the article. 2) The article could be more concise with more obvious underlying rationale and logic. 3) In my opinion, combining the Table 1 & 2 together will help make the article to be more compact, since Table 1 alone doesn't add up much to the paper. 4) Sub-titles of the paper should be more logic and easier to follow 5) Essential radiographic features could also be presented as tables. 6) REFERENCES of the article should be updated (the most recent reference cited in this article published in 2012, while most of them were published in last century). REFERENCES should also be more extensive (38 were cited in current version) to include the most recent findings in the field for the highly interested readers.

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[ ] Grade C: Good	[Y] Grade C: A great deal of language polishing	[ ] No records	
[Y] Grade D: Fair		BPG Search:	[ ] Rejection
[ ] Grade E: Poor	[ ] Grade D: Rejected	[ ] Existing	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

Major points: This review is not well organized, thus is very confusing. Same disease names should be provided in the text, Tables and Charts. Headings and subheadings need to be arranged in the text. Footnotes for SEDC and MED in Chart 1 are not necessary, because they are already in the text. However, the terms, such as Metatropic dysplasia and Diastrophic dysplasia, are not described in the text, but appear first in Chart 1. Definition of Metatropic dysplasia and Diastrophic dysplasia should be in the text, prior to including these terms in Chart 1. Also, in Chart 2, craniotubular dysplasias appear; however, this is not discussed in the text. The table showing the entire content of this review, if provided, is helpful for readers. See the example provided (next page of this review). This is a review on the radiologic approach; however, it remains unknown if making a correct diagnosis requires molecular or genetic studies in certain cases. If so, a summarized list is required for understanding which molecular (genetic) mechanisms are involved in certain common skeletal dysplasias, although short comments are scattered in the text. The numbering of Figures should be in the order of appearance; After Figure 5 in Page 8, Figure 8 comes in Page 9. Then Figure 6 comes in Page 11; Please check the order carefully again. Minor points: 1. Many grammatical errors; for example; first line in Page 1, Skeletal dysplasias are, not is 2. Abbreviations must be spelled out first in the text; USG? In Page 1 3. Footnotes to Table 1; AP=??, PA=?? 4. If Table 2 is provided for axial skeleton, why not Table 3 for appendicular skeleton? ? Table 1 Content of this review I Introduction

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II Radiological findings II-1 Radiological evaluation II-2 Radiological grouping (Groups I-IV) III Clinical features of common dysplasias III-1 Group I; Epiphyseal dysplasias III-1-1 SEDC III-1-2 SEDT III-1-3 MED III-1-4 Pseudochondroplasia III-1-5 CDP III-1-6 Mucopolysacchadoidosis III-1-6-1 Hurler III-1-6-2 Morquio III-2 Group II; Metaphyseal dysplasias III-2-1 Achondroplasia III-2-2 Hypochondroplasia III-2-3 CED III-3 Group III; Dysplasia with altered bone density-Osteopenic or Osteosclerotic III-3-1 Osteogenesis imperfecta III-3-2 Osteopetrosis III-3-3 Pyknodystosis III-3-4 Osteopoikilosis III-3-5 Osteopathia striata III-3-6 Melorheostosis III-4 Group IV; Miscellaneous entities III-4-1 Cleidocranial dysplasia IV Working algorithmic approach to common dysplasias V Conclusion