

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 69132

Title: Minimally invasive open reduction of greater tuberosity fractures by a modified suture bridge procedure

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01209736

Position: Peer Reviewer

Academic degree: FRCS

Professional title: Professor, Staff Physician, Surgeon

Reviewer's Country/Territory: Canada

Author's Country/Territory: China

Manuscript submission date: 2021-06-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-07-05 20:39

Reviewer performed review: 2021-07-15 22:28

Review time: 10 Days and 1 Hour

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 Grade E: Do not publish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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Throughout the paper the term "conservative" is used. It is a poor descriptor. It should be changed to "nonoperative". This occurs in the Abstract, the Intro and the Discussion. Please change those words. Introduction - first sentence of the Intro - this is incorrect. Proximal humeral fractures are not the most common fracture. They are common but not the most common. Please rewrite. This is a case series. That should be mentioned in the Patients and Methods section. It just follows a group of patients.

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Title: Minimally invasive open reduction of greater tuberosity fractures by a modified suture bridge procedure

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05098908

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

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Reviewer chosen by: Ze-Mao Gong

Reviewer accepted review: 2021-07-25 10:45

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Review time: 3 Days and 8 Hours

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
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SPECIFIC COMMENTS TO AUTHORS

This manuscript is a retrospective study aimed to 1) present a modified minimally invasive surgical technique for the treatment of avulsion fractures of the greater tuberosity of the humerus and 2) evaluate the clinical outcomes of 16 patients, including restoration of work activity, ROM and strength, and patient-based function. From January 2016 to January 2019, 16 patients who were diagnosed with an avulsion-type greater tuberosity fracture of the proximal humerus and treated with minimally invasive open reduction by modified suture bridges with anchors were retrospectively studied. All patients were followed up with clinical examination and radiographs at 3 weeks, 6 weeks, 3 months, 6 months and 12 months after surgery and then every 6 months. Outcomes were assessed preoperatively and postoperatively with the visual analog scale (VAS), the University of California Los Angeles (UCLA) shoulders score, the American Shoulder and Elbow Surgeons score (ASES), and the range of motion (ROM) for shoulders. I read the article with interest; in the title it would be appropriate to refer that it is a retrospective study. A) The abstract is sufficiently developed, but a few concerns are present: Comment 1 Clear reference should be made to the purpose and characteristics of the study. B) In the introduction, the characteristics of proximal humerus fractures have been accurately described, even if a little too synthetic. Comment 2: Some references should be added regarding the traumatic mechanism, diagnosis, treatment, and prognosis that can occur after this type of fracture, for example: (White EA, et al (2018) "Isolated greater tuberosity fractures of the proximal humerus: anatomy, injury patterns, multimodality imaging, and approach to management"). Comment 3: " The technique of double-row anchor suture under arthroscopy is

expensive and complicated to perform.” Please, adding some bibliographic references.

Comment 4: “Fig. 1 shows a failure case of steel plate treatment for a greater tuberosity fracture. As the attachment point of the rotator cuff, the greater tuberosity of the humerus is closer to the shoulder joint. Due to its special anatomical position, it is difficult for traditional steel plates to choose the appropriate position. The greater tuberosity is displaced because rotator cuff traction is neglected. After the second operation, the fracture was fixed with screws and steel wire against rotator cuff pull, and satisfactory results were obtained. To reduce surgical complications and provide better treatment for patients, we have been inspired by the repair of rotator cuff injuries using the suture bridge technique to fix fractures of the greater tuberosity of the humerus through a modified minimally invasive small incision under direct vision.” It would be more appropriate to include this part in the discussion.

C) In materials and methods, the evaluation methods have been adequately developed.

Comment 5: By which operator was the surgical treatment performed? was a shoulder specialist orthopaedist??

Comment 6: Have they undergone postoperative physiotherapy treatment? What kind of rehabilitation protocol was performed?

Comment 7: How long after the fracture event were they treated?

Comment 8: A more detailed statistical analysis should be carried out.

D) The discussion is sufficiently developed, even if a little too synthetic.

Finally, English language editing is needed. Nevertheless, some minor changes are needed to be considered suitable for publication.