

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 71304

**Title:** Hoffa' s fracture in an adolescent treated with an innovative surgical procedure: a case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06111120

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor, Research Assistant

**Reviewer's Country/Territory:** Iran

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-09-03

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-09-03 06:38

**Reviewer performed review:** 2021-09-14 21:47

**Review time:** 11 Days and 15 Hours

|                    |   |
|--------------------|---|
| Scientific quality | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good<br><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 Grade E: Do not publish            |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<br><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)<br><input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection             |
| Re-review          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |

|                                     |   |
|-------------------------------------|---|
| <b>Peer-reviewer<br/>statements</b> | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous |
|                                     | Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |

## SPECIFIC COMMENTS TO AUTHORS

In this study, authors present a 16-year-old girl following a right knee injury that was diagnosed with Hoffa fracture, a coronal plane fracture of posterior femoral condyle, that was treated with open reduction and internal fixation (ORIF) with osteochondral plug re-implantation. This study is relevant. The organization & flow of the paper needs work. Comments are provided to improve clarity and strengthen the manuscript: In your manuscript the definition of hoffa's fracture is missing. Please elaborate on differences between unicondylar/bicondylar Hoffa fracture and how they usually are managed. Also please discuss different types of Hoffa fracture based on distances of fracture line from the posterior cortex of femoral shaft. There have been various studies describing the surgical management of Hoffa fracture. For instance, Soni et al[1] presented in-situ fixation of fibrous lateral Hoffa fracture with threaded screws. Also, Jiang et al[2] suggested the use of xenogenous bone graft and stabilization with screws and dynamic compression plate. Nandy et al[3] described a sandwich technique. How can you compare your work with the current literature? The manuscript has some grammatical errors. Please proof read carefully. Here are some examples: "She had sustained pain for 3 h." This sentence is irrelevant and could be removed. "She did not have other symptoms such as coma, dizziness, headache, chest tightness and abdominal pain." Could be changed to: She had no other symptoms including dizziness, headache, chest tightness and abdominal pain. "coma" is not a symptom; it is a diagnosis. "She had no other history of past illness". Replace with "she had no other history of past illnesses." "The patient had no personal or family history". Replace with "she had no genetic or familial disease history." "On examination, her knee was swollen and tender,



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and her range of motion was restricted by the pain.” Replace with “On examination, right knee was swollen and tender with decreased range of motion.” “in situ” is in *Italic*. 1. Soni, A., et al., In situ fixation of symptomatic fibrous non-union hoffa fracture: a case report. *Malaysian orthopaedic journal*, 2019. 13(1): p. 57. 2. Jiang, Y., et al., Twenty-seven-year nonunion of a Hoffa fracture in a 46-year-old patient. *Chinese Journal of Traumatology*, 2015. 18(1): p. 54-58. 3. Nandy, K., et al., Non-union coronal fracture femoral condyle, sandwich technique: a case report. *Journal of clinical orthopaedics and trauma*, 2015. 6(1): p. 46-50.

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**Reviewer's code:** 03491558

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Additional Professor

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** China

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|                    |   |
|--------------------|---|
| Scientific quality | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good<br><input checked="" 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<br><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)<br><input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection             |
| Re-review          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |

|                                     |   |
|-------------------------------------|---|
| <b>Peer-reviewer<br/>statements</b> | Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous |
|                                     | Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No  |

## SPECIFIC COMMENTS TO AUTHORS

Dear Editor, thank you for giving me the opportunity to revise this manuscript submitted to World Journal of Clinical Cases. The paper by Jiang et al. is a report on a case of Hoffa's fracture in an adolescent. It is a coronal-plane fracture of the femoral condyle, which is rarer than sagittal-plane condylar fracture. Treatment include conservative management and surgical approaches. The results of conservative management are poor as it is associated with a risk of displacement of the fracture fragment, nonunion, and avascular necrosis. Here the authors attempt to describe a novel surgical approach.

Major concerns and comments

Title. Does the title reflect the main subject/hypothesis of the manuscript? Yes it does

2 Abstract. The word 'perhaps' is useless. What hospital?

3 Key words. The key words reflect the focus of the manuscript.

4 Case report. The case should be better described. For example, the introduction is poor. The average reader should have a greater overview of the problem. What is the incidence? For example, it accounts for 8.7% to 13% of distal femoral fractures (Gavaskar AS, Tummala NC, Krishnamurthy M. Operative management of Hoffa fractures--a prospective review of 18 patients. *Injury*. 2011 Dec;42(12):1495-8. doi: 10.1016/j.injury.2011.09.005. Epub 2011 Oct 10. PMID: 21993368.) Again, there are no data on the potential injury mechanism. Although in children and individuals with osteoporosis, low-energy trauma can produce the lesion, the main cause of a Hoffa fracture is a high-energy injury (e.g., a traffic collisions or a fall) (Mootha et al 2014). Moreover, the author must stress the concept that the diagnosis is a challenge as Hoffa's lesions are easily misdiagnosed and missed in anteroposterior X-rays (the unfractured condylar part of femur can obscure the fractured condyle). The correctly performed a

computerized tomography scan (please add a picture). History of present illness, History of past illness, and Personal and family history are they are irrelevant to the description of the case. The reader has understood that this is an orthopedic trauma. It may suffice to say that the other injuries have been ruled out. On the other hand, he wants to know what the patient's clinical status is like. In other words, the physical exam must be very thorough.

5 Discussion. It should be revised. Please use (and/or cite) the Letenneur's classification (Letenneur J, Labour PE, Rogez JM, Lignon J, Bainvel JV. Hoffa's fractures. Report of 20 cases. *Ann Chir*, 1979, 32: 213-219.). You could add a brief literature review (see, Zhang P, Zhang XZ, Tao FL, Li QH, Zhou DS, Liu FX. Surgical Treatment and Rehabilitation for Hoffa Fracture Nonunion: Two Case Reports and a Literature Review. *Orthop Surg*. 2020 Aug;12(4):1327-1331. doi: 10.1111/os.12748.). For example, the surgical approaches could be summarized into a table.

6 Illustrations and tables. The authors proposed good illustrations but more efforts should be paid to the legends. Add a figure of the CT scan.

7 References. I must underline that the manuscript does not cite appropriately the latest, important and authoritative references in the introduction and discussion sections. The rationale of the method can be found in Salzmann GM, Ossendorff R, Gilat R, Cole BJ. Autologous Minced Cartilage Implantation for Treatment of Chondral and Osteochondral Lesions in the Knee Joint: An Overview. *Cartilage*. 2020 Jul 25:1947603520942952. doi: 10.1177/1947603520942952. Epub ahead of print. PMID: 32715735. In general, the bibliographic entries need to be expanded.

8 Quality of manuscript organization and presentation. The manuscript is not well, concisely and coherently organized and presented. Moreover, the style, language are not enough accurate. In brief, I appreciate the attempt to describe a new surgical approach, however the narrative structure of the paper is very incomplete. In 2021, a case report must be flawlessly written. This is the right approach to attract the attention of the scientific community. Consequently, I strongly recommend major



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revision. Kind regards



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's code:** 06111120

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor, Research Assistant

**Reviewer's Country/Territory:** Iran

**Author's Country/Territory:** China

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**Reviewer accepted review:** 2021-11-24 13:50

**Reviewer performed review:** 2021-11-24 14:00

**Review time:** 1 Hour

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|---------------------------|---|
| <b>Scientific quality</b> | [ <input checked="" type="radio"/> ] Grade A: Excellent [ <input type="radio"/> ] Grade B: Very good [ <input type="radio"/> ] Grade C: Good<br>[ <input type="radio"/> ] Grade D: Fair [ <input type="radio"/> ] Grade E: Do not publish           |
| <b>Language quality</b>   | [ <input checked="" type="radio"/> ] Grade A: Priority publishing [ <input type="radio"/> ] Grade B: Minor language polishing<br>[ <input type="radio"/> ] Grade C: A great deal of language polishing [ <input type="radio"/> ] Grade D: Rejection |
| <b>Conclusion</b>         | [ <input checked="" type="radio"/> ] Accept (High priority) [ <input type="radio"/> ] Accept (General priority)<br>[ <input type="radio"/> ] Minor revision [ <input type="radio"/> ] Major revision [ <input type="radio"/> ] Rejection            |
| <b>Peer-reviewer</b>      | Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous   |





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statements

Conflicts-of-Interest: [ ] Yes [Y] No

#### **SPECIFIC COMMENTS TO AUTHORS**

The authors modified the article precisely.