



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 81905

Title: Unusual capitate fracture with dorsal shearing pattern and concomitant carpometacarpal dislocation with a 6-year follow-up: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05383840

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor, Postdoc, Researcher

Reviewer's Country/Territory: Poland

Author's Country/Territory: Taiwan

Manuscript submission date: 2022-12-02

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-01-28 11:53

Reviewer performed review: 2023-01-29 09:04

Review time: 21 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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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 Authors, Your case of the capitata fracture is an interesting one. An undoubted advantage of the work is the distant follow-up, which is rare in previously published works. The publication has value as a stand-alone article and may also provide a basis for future meta-analyses. However, as a reviewer, I have a few comments: 1) Little information is provided on the mechanism of injury. Is it possible to expand them? Was the left wrist area included in any imaging examination (e.g. traumascan) during the initial examinations, prior to the transfer to another centre? 2) Compared to the previously published case reports on this subject, the description of the procedure performed is very scarce. For example, we do not have any information on the condition of soft tissues. I would suggest expanding this aspect of the work. 3) The scope of postoperative rehabilitation was not discussed in the paper. The nature of the patient's work is also unknown (which may affect the healing process). 4) In the opinion of the reviewer, a single case does not justify the conclusion that “after which short-arm splint immobilization for 2 weeks and full weight-bearing 4 weeks postoperatively are advisable.” If authors wish to present such recommendations, they should refer to a



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wider group of treated patients (possible literature reference) or adequate guidelines. In the absence of such, I would suggest deleting the quoted fragment. 5) I would suggest standardizing the figures. I suggest changing image C in Figure 1 to correspond to image A in Figure 2 (CT image, cross section, bone window) instead of VR reconstruction. This will allow to appreciate the structures before and after the procedure. In my opinion, the article is suitable for publication after minor corrections.



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Reviewer's code: 05352073

Position: Peer Reviewer

Academic degree: MD

Professional title: Director, Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Taiwan

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Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-01-28 02:33

Reviewer performed review: 2023-01-30 02:57

Review time: 2 Days

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
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	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

To the author: This manuscript described a case of unusual capitate fracture with dorsal shearing pattern and concomitant carpometacarpal dislocation. It is a dorsal shearing fracture of the distal pole with concomitant carpometacarpal dislocation and fracture fragment rotated by 90° in the sagittal plane, which is not reported previously. This manuscript has innovative ideas. It was diagnosed by CT scan. It is of clinical reference value to clinical physicians. As a case report, the clinical presentation, the image findings, the diagnosis was detailed introduced. Some limitations may be as follows. I would recommend the author to give more detailed information about the surgery method. It seems to be an essential part for a case report. And for the discussion part, the “take away” lessons of the case was not sufficiently described. For example, How to avoid misdiagnosis? How to avoid complications of nonunion? Is there any points of attention in the surgery? Since numerous cases reports about capitate fractures were available, is it necessary to compare these cases? Generally speaking, it is a pretty good case report