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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 24997

Title: Spontaneous calcaneal fracture in patients with diabetic foot ulcer: Four cases report and review of literature

Reviewer's code: 00504156

Reviewer's country: Greece

Science editor: Shui Qiu

Date sent for review: 2016-02-19 12:09

Date reviewed: 2016-02-28 06:14

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

COMMENTS TO AUTHORS

1. Some minor remarks are highlighted in the text. 2. Please put some arrows on the figures to show the lines of the fractures

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 24997

Title: Spontaneous calcaneal fracture in patients with diabetic foot ulcer: Four cases report and review of literature

Reviewer's code: 03334983

Reviewer's country: Ireland

Science editor: Shui Qiu

Date sent for review: 2016-02-19 12:09

Date reviewed: 2016-02-28 19:02

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors describe four cases of spontaneous calcaneal fracture in DM. Though this work is limited by the fact of being just descriptive, I think there is some clinical interest in highlighting and discussion such association of conditions. Some comments: - Abstract: please amend "...as probable co-existing pathologies..." to "...as possible co-existing pathologies..."; - Case 1: please specify that the patient has type 2 DM; on which anti-DM treatment was the patient? Please specify as this may have an impact on the bone metabolism and the risk of fractures; how was patient osteoporosis and how/since when was that condition treated? Please specify; why not performing a foot MRI? - Case 2: on which anti-DM treatment was the patient? Please specify as this may have an impact on the bone metabolism and the risk of fractures; had the patient osteoporosis and, if yes, how/since when was she treated for that? Please specify; why not performing a foot MRI? - Case 3: on which insulin treatment was the patient? - Case 4: on which anti-DM treatment was the patient? Please specify as this may have an impact on the bone metabolism and the risk of fractures; had the patient osteoporosis and, if yes, how/since when was she treated for that? Please specify; - Was PTH and



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vitamin D status assessed in the patients? This is a very relevant point with regard to the bone metabolism of the described patients; - Other risk factors for osteoporosis or fractures like, for example, cigarette smoking? - Reporting the full list of the medications of each patient would be very useful; - Discussion: I suggest discussing more in details the issue of osteomyelitis as this condition can have very relevant implications with bone fractures also from a patient management point of view. Any comment on the possible occurrence of avascular necrosis? Any diagnostic role of MRI? The role of such investigation in this clinical setting should be discussed. The possible implications of drugs used for the treatment of DM in the occurrence of fractures should be carefully addressed. Please rewrite the conclusion as the DM-related comorbidities and vascular issues are much more strongly associated with the risk of amputation in DM patients, including those who experience a spontaneous calcaneal fracture; - Please review very extensively and carefully the language as there are many mistakes and unclear sentences which make the current English quality of the manuscript being poor; - References: please review the reference list. Why not referring also to Sagray et al, Clin Podiatr Med Surg 2013 and to Schwartz et al, Front Endocrinol (Lausanne) 2013, which are relevant and pretty recent papers? - Table 1: Please provide the reference ranges. Does the reported calcium represent the total or the corrected calcium level? Please specify; - Figures: though the fractures are pretty easy to be identified, I suggest adding an illustrative arrow to every figure.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 24997

Title: Spontaneous calcaneal fracture in patients with diabetic foot ulcer: Four cases report and review of literature

Reviewer’s code: 02541936

Reviewer’s country: Australia

Science editor: Shui Qiu

Date sent for review: 2016-02-19 12:09

Date reviewed: 2016-03-11 22:56

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

This manuscript reports four spontaneous calcaneal fractures in four people with diabetes and describes the diagnosis, clinical phenotype and therapy. While the concepts are not novel, the entity, potential causative factors and challenges in conservative measures in attempt to achieve healing are generally well described in the manuscript. The case studies and related x-rays are appropriate. This reviewer has the following recommendations to aid manuscript improvement: 1. As the fractures in series appear to be avulsion fractures based on insufficiency (as per Radiology. 1991 Sep;180(3):725-9), it is suggested in the Discussion that the terminology and issue be further explored. 2. There are many grammatical errors that need to be corrected. Some affect the understanding of the text, such as: ‘In these 3 patients, hyperparathyroidism secondary to CRF and PVD may have eased the development of osteomyelitis, that will further cause spontaneous calcaneal fractures.’