

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 65616

Title: Influence of volar margin of the lunate fossa fragment fixation on distal radius fracture outcomes: A retrospective series

Reviewer's code: 05673135

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Switzerland

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 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 Grade E: Do not publish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 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
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



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SPECIFIC COMMENTS TO AUTHORS

General comments: This retrospective study compares patient outcomes (wrist stability, balance, function) following two different surgical techniques to treat distal radius fractures: fixation versus no fixation of VMLF fragments. According to these findings, fixation is the superior method. A few aspects of the study need to be clarified, and data presentation should be improved. In general, the paper is well written. There are instances, though, where sentences are incomplete or repetitive. Specific comments:

Abstract • State the aim in a neutral manner (“to demonstrate the impact” sounds like a hypothesis) – e.g., to investigate or to assess the impact. • Include the number of wrists in each surgical group. • Separate reporting of the patient /characteristics and wrist characteristics -- 35 patients (20 females/15 males) with a mean age, and 38 wrists (20 left side and 18 right side). Introduction • Last sentence in 2nd paragraph “...adaptive response...results...” • The authors use the word “neglect” when they might mean “overlooked” or “missed”, particularly when the fragment is small.

Materials and Methods • 1st paragraph – “All procedures were performed in accordance with the ethical...” Unless the journal requires this wording, I suggest removing “...a study involving human participants...” It sounds too much like a standard declaration. • Please briefly describe the surgeries and postoperative care. It is helpful to establish the differences/similarities – operation time, aftercare, etc. •

Please provide the number of cases assessed for inclusion that were excluded (and the reasons why). • No power analysis was done to estimate the sample size. Therefore, this should be stated as a limitation (not just that the sample size was small). Also, please explain if there were clinical reasons for selecting cases only during the years stated. In other words, why this period and this number of patients? • Why didn’t the authors conduct tests of normality? This is a relatively small sample size;

nonparametric statistics might be a better choice (then there are no assumptions about the underlying distribution of the outcome measures). Please justify the parametric tests or present data as median, interquartile range, range, and Mann-Whitney U to test group differences for continuous variables. • Please delete the third sentence in the first paragraph, “This is a retrospective study...” since it repeats the same information as the first sentence. • The last sentence of the first paragraph (regarding informed consent) is incomplete. Please use similar wording to the statement on page 17. • The full name of DASH should be written in the first paragraph since it is the first time it is mentioned. • Top of page 7 (2nd paragraph of the section): delete the word “were”. •

Last paragraph: is it correct that both the chief surgeon and the deputy chief surgeon did all 38 surgeries together? If yes, then please insert the word “both” between the words “have” and “worked” (... , who have both worked for more than 20 years in the hospital.) • Page 8 – please delete “ ” around the word poor. Results • There is too much overlap when presenting the data – please present the results in text or a table (with some minor exceptions, of course). For example, data in Figure 3 is also presented in Table 2. • There may not be a statistically significant difference between the groups, but the proportion of women to men is quite different (75% females in fixed group but 40% females in unfixed group). • If available, it would help to present more information about patient characteristics, such as osteoporosis, BMI, ASA or comorbidities, injury to the dominant side, low- or high-energy fracture. If not available in medical records, please include this as a limitation (not just that multivariable analysis was not possible). • Please explain if there were any complications, reoperations, or loss to follow-up. • Please include the range for the follow-up in months. Discussion • Page 12 – “This study’s findings suggest that...” • Page 12 – “One year after surgery, ...” • Please include any additional limitations mentioned above. In addition, it should be stated that retrospectively conducted studies have shortcomings.



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- Perhaps the authors could address the downside(s) of fixation. For example, since these cases are relatively rare (or often missed), surgeons are likely less experienced with VMLF fracture fixation. This may extend the surgical time, which would certainly be justified if it is more likely to obtain the desired result and avoid reoperation, a burden on the patients, and unnecessary costs. Figures/Tables • Delete Figure 3 since data are already presented in Table 2.