

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Orthopedics

**ESPS manuscript NO:** 17363

**Title:** Isolated sacral injuries: Postoperative length of stay, complications, and readmission

**Reviewer's code:** 02837723

**Reviewer's country:** United States

**Science editor:** Yue-Li Tian

**Date sent for review:** 2015-03-04 17:41

**Date reviewed:** 2015-04-13 03:57

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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<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

The authors present a retrospective review of sacral fractures treated operatively with either open reduction internal fixation (ORIF) versus percutaneous fixation (perc). In thier studies, the authors found a significant difference in length of stay which they then corollated to a difference in inpatient hospital costs. They found a trend which was not statistically significant for lower complication rates in those treated with percutaneous fixation. The main issues which need to be addressed include time from admission until operative fixation. The authors mention that it is standard to sometimes delay operative fixation for the ORIF group, but they do not quantify that in their patient population. It makes inherent sense that those operated on in a more timely fashion will therefore have a shorter total length of stay. I think it is important for the authors to also look into the statistics and see if there was a difference only in time to operation or if there was also a difference in postop days in the hospital. Although mentioned in the weaknesses in the paper, the perc screw fixation group were younger and with a lower BMI. Although this did not reach statistical significance, it would be interesting to see a subgroup analysis of those with complications and see if



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there was a difference in the groups. Finally, the authors used a fixed model of cost based on an average cost per day of inpatient admission. They admit this is a flawed analysis and does not take into account other costs between the 2 groups (surgical costs, anesthetic costs, ancillary testing). It would strengthen the paper to further break down the costs between the 2 groups rather than relying solely on an average inpatient cost for unrelated diagnoses and treatments.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Orthopedics

**ESPS manuscript NO:** 17363

**Title:** Isolated sacral injuries: Postoperative length of stay, complications, and readmission

**Reviewer's code:** 01200726

**Reviewer's country:** Japan

**Science editor:** Yue-Li Tian

**Date sent for review:** 2015-03-04 17:41

**Date reviewed:** 2015-04-20 09:16

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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 checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" 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 checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The authors investigated differences in postoperative length of stay, complication rates, and 90-day readmission rates for patients with operative isolated sacral fractures. ORIF had a higher complication rate (19.4%) compared to percutaneous fixation (6.3%). There were no significant differences in the number of clinic or ER visits, and length of stay (LOS) of readmission. This study demonstrated a significant difference in LOS between ORIF vs. percutaneous fixation of sacral injuries, with an average difference of \$13,590 based on difference in LOS. Did same surgeon perform ORIF and percutaneous fixation? If not so, the outcome might be different among the surgeons.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Orthopedics

**ESPS manuscript NO:** 17363

**Title:** Isolated sacral injuries: Postoperative length of stay, complications, and readmission

**Reviewer's code:** 02705522

**Reviewer's country:** India

**Science editor:** Yue-Li Tian

**Date sent for review:** 2015-03-04 17:41

**Date reviewed:** 2015-05-03 13:24

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<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 checked="" 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 checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Very well conducted study and a well written manuscript with well documented results to convince your conclusions

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Orthopedics

**ESPS manuscript NO:** 17363

**Title:** Isolated sacral injuries: Postoperative length of stay, complications, and readmission

**Reviewer's code:** 03069337

**Reviewer's country:** Austria

**Science editor:** Yue-Li Tian

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**Date reviewed:** 2015-05-04 15:45

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
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		<input type="checkbox"/> Plagiarism	
		[Y] No	

## COMMENTS TO AUTHORS

Well done! good topic, clear statement, detailed MM and complications, discussion representing all aspects.