

October, 7 2022

Dear Editor,

Please find hereby the edited manuscript in Word format (with file name: 78624-Revised Manuscript.docx).

Title: Closed reduction of hip dislocation associated with ipsilateral lower extremity fractures: A case report and review of the literature

Authors: Yong Xu, Ming Lv, Shu-Qiang Yu, Guang-Ping Liu

Name of Journal: *World Journal of Clinical Cases*

ESPS Manuscript NO: 78624

The manuscript has been adapted according to the suggestions of the reviewer and the editor:

1. Revision has been made according to the suggestions and questions raised by the reviewers

1) Referee 1

Question 1: The only wish to the authors is to correct the text of the conclusion, taking into account the therapeutic result of their patient.

Thank you for this question. The sentence "closed reduction tends to have better clinical outcomes" was added to the text of the conclusion and highlighted yellow.

2) Referee 2

Question 1: Kindly clarify that the authors meant by in Line 293 "Thus, the success rate of initial closed reduction has been reduced correspondingly, although various closed reduction techniques have been reported."

Thank you for this question. We assembled and reviewed the similar cases of hip dislocation associated with ipsilateral lower extremity fractures (Table 1). With more and more complex associated fractures, the success rate of initial

closed reduction has been reduced correspondingly in recent years.

Question 2: Give the conditional clause that if the patient conditions permit for such immediate open reduction.

Thank you for this question. The stable hemodynamics is the most important indicator for such immediate open reduction when irreducible dislocation occurs or nonconcentric joint after reduction is detected. The relevant information was added and highlighted yellow in the discussion part.

Question 3: Can the authors also present the one year follow-up to illustrate the status of the head on follow-up?

Thank you for this question. To illustrate the status of the head on the follow-up, the latest radiograph at 17 months after surgery (Figure 4c) was added and highlighted.

2. The figures and the copyright information were prepared and arranged in editable format and are attached (File name: 78624-Figures.pptx).
3. To further improve the content and scientific quality of the manuscript, we supplemented many references and adjusted many sentences position following the editor's advice.
4. The manuscript was updated according to the Guidelines and Requirements for Manuscript Revision: Case Report.
5. The final version of the manuscript was sent to a professional English language editing company for polishing the manuscript further, and a new language certificate was submitted.
6. An Audio Core Tip was added during the re-submission process (File name: 78624-Audio core tip.mp3)
7. A conflict-of-interest statement was drawn up and is attached (File name: 78624-Conflict-of-interest statement.pdf)
8. The copyright license agreement was signed and is attached. (File name: 78624-Copyright license agreement.pdf)

We thank the reviewer for his comments and hope our revised paper is acceptable for publication in the *World Journal of Clinical Cases*.

Yours sincerely,

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