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Nov 10th, 2021

Dear Lian-Sheng Ma

Editor-in-Chief

Baishideng Publishing Group Inc

Dear Lian-Sheng Ma, Company,

We sincerely appreciate the thoughtful comments and suggestions on our manuscript, "**Hoffa's fracture in an adolescent treated with an innovative surgical procedure: a case report.**" We have addressed each of your concerns in a point-by-point manner with additional references and clarifications. Specific responses to your comments and criticisms are listed below:

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: Dear Editor, thank you for giving me the opportunity to revise this manuscript submitted to World

Journal of Clinical Cases. The paper by Jiang et al. is a report on a case of Hoffa's fracture in an adolescent. It is a coronal-plane fracture of the femoral condyle, which is rarer than sagittal-plane condylar fracture. Treatment include conservative management and surgical approaches. The results of conservative management are poor as it is associated with a risk of displacement of the fracture fragment, nonunion, and avascular necrosis. Here the authors attempt to describe a novel surgical approach. Major concerns and comments

Title. Does the title reflect the main subject/hypothesis of the manuscript? Yes it does

2 Abstract. The word 'perhaps' is useless. What hospital?

3 Key words. The key words reflect the focus of the manuscript.

4 Case report. The case should be better described. For example, the introduction is poor. The average reader should have a greater overview of the problem. What is the incidence? For example, it accounts for 8.7% to 13% of distal femoral fractures (Gavaskar AS, Tummala NC, Krishnamurthy M. Operative management of Hoffa fractures--a prospective review of 18 patients. *Injury*. 2011 Dec;42(12):1495-8. doi: 10.1016/j.injury.2011.09.005. Epub 2011 Oct 10. PMID: 21993368.) Again, there are no data on the potential injury mechanism. Although in children and individuals with osteoporosis, low-energy trauma can produce the lesion, the main cause of a Hoffa fracture is a high-energy injury (e.g., a traffic collisions or a fall) (Mootha et al 2014). Moreover, the author must stress the concept that the diagnosis is a challenge as Hoffa's lesions are easily misdiagnosed and missed in anteroposterior X-rays (the unfractured condylar part of femur can obscure the fractured condyle). The correctly performed a computerized tomography scan (please add a picture). History of present illness, History of past illness, and Personal and family history are they are irrelevant to the description of the case. The reader has understood that this is an orthopedic trauma. It may suffice to say that the other injuries have been ruled out. On the other hand, he wants to know what the patient's clinical status is like. In other words, the physical exam must be very thorough.

5 Discussion. It should be revised. Please use (and/or cite) the Letenneur's classification (Letenneur J, Labour PE, Rogez JM, Lignon J, Bainvel JV. Hoffa's fractures. Report of 20 cases. *Ann Chir*, 1979, 32: 213–219.). You could add a brief literature review (see, Zhang P, Zhang XZ, Tao FL, Li QH, Zhou DS, Liu FX. Surgical Treatment and Rehabilitation for Hoffa Fracture Nonunion: Two Case Reports and a Literature Review. *Orthop Surg*. 2020 Aug;12(4):1327-1331. doi: 10.1111/os.12748.). For example, the surgical approaches could be summarized into a table.

6 Illustrations. and tables. The authors proposed good illustrations but more efforts should be paid to the legends. Add a figure of the CT scan.

7 References.

I must underline that the manuscript does not cite appropriately the latest, important and authoritative references in the introduction and discussion sections. The rationale of the method can be found in Salzmänn GM, Ossendorff R, Gilat R, Cole BJ. Autologous Minced Cartilage Implantation for Treatment of Chondral and Osteochondral Lesions in the Knee Joint: An Overview. Cartilage. 2020 Jul 25;1947603520942952. doi: 10.1177/1947603520942952. Epub ahead of print. PMID: 32715735. In general, the bibliographic entries need to be expanded. 8 Quality of manuscript organization and presentation. The manuscript is not well, concisely and coherently organized and presented. Moreover, the style, language are not enough accurate. In brief, I appreciate the attempt to describe a new surgical approach, however the narrative structure of the paper is very incomplete. In 2021, a case report must be flawlessly written. This is the right approach to attract the attention of the scientific community. Consequently, I strongly recommend major revision. Kind regards

1- Abstract. The word 'perhaps' is useless. What hospital?

***Response:** We thank you for your valuable comments and suggestions. I sincerely apologize for the errors made on my part. The word 'perhaps' has been removed from the **BACKGROUND** section. The name of the hospital where the patient was treated has also been added to the **CASE SUMMARY** section. The changes in the revised manuscript have been marked-up in red text.*

2- Case report. The case should be better described.

***Response:** We thank you for your valuable comments and suggestion. We have provided further information regarding the case, such as the definition, classification, incidence, injury mechanism, and diagnosis of Hoffa fracture have been described in detail. The details regarding the case are mentioned in the **INTRODUCTION** section. The details regarding the physical exam have been added to the **Physical examination upon admission** part. The articles recommended by the reviewer have been added and cited. The changes in the revised manuscript have been marked-up in red text.*

3-Discussion. It should be revised. Please use (and/or cite) the Letenneur's classification. You could add a brief literature review. For example, the surgical approaches could be summarized into a table.

***Response:** We thank you for your valuable comments and suggestion. We have revised the first paragraph of the **discussion** section. We have included Letenneur's Classification. We have also added a brief literature review and a table regarding the surgical approaches and fixed method. The advantages and disadvantages of the current main surgical approaches and fixation methods were compared and the differences between our work and the current literature were analyzed and compared. In the second paragraph of the **discussion** section, we have accepted the literature on the rationale of osteochondral plug healing recommended by the reviewer. The changes in the revised manuscript have been marked-up in red text.*

4-Illustrations and tables. The authors proposed good illustrations but more efforts should be paid to the legends. Add a figure of the CT scan.

***Response:** We thank you for your valuable comments and suggestion. We have revised each of the legends, and have added a figure of the CT scan in **Figure 1**. The changes in the revised manuscript have been marked-up in red text.*

5-References. I must underline that the manuscript does not cite appropriately the latest, important and authoritative references in the introduction and discussion sections. In general, the bibliographic entries need to be expanded.

***Response:** We thank you for your valuable comments and suggestion. We have further expanded the references to 27 articles including 6 reference published in the last 3 years. The changes in the revised manuscript have been marked-up in red text.*

6-Quality of manuscript organization and presentation. The manuscript is not well, concisely and coherently organized and presented. Moreover, the style, language are not enough accurate.

Response: *We thank you for your valuable comments and suggestion. We have made several changes in the manuscript, adjusted the order of some of the content, and removed irrelevant details. Our final manuscript has been sent to a professional language polishing organization to solve language and style problems. The changes in the revised manuscript have been marked-up in red text.*

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: In this study, authors present a 16-year-old girl following a right knee injury that was diagnosed with Hoffa fracture, a coronal plane fracture of posterior femoral condyle, that was treated with open reduction and internal fixation (ORIF) with osteochondral plug re-implantation. This study is relevant. The organization & flow of the paper needs work. Comments are provided to improve clarity and strengthen the manuscript: In your manuscript the definition of Hoffa's fracture is missing. Please elaborate on differences between unicondylar/bicondylar Hoffa fracture and how they usually are managed. Also please discuss different types of Hoffa fracture based on distances of fracture line from the posterior cortex of femoral shaft. There have been various studies describing the surgical management of Hoffa fracture. For instance, Soni et al[1] presented in-situ fixation of fibrous lateral Hoffa fracture with threaded screws. Also, Jiang et al[2] suggested the use of xenogenous bone graft and stabilization with screws and dynamic compression plate. Nandy et al[3] described a sandwich technique. How can you compare your work with the current literature? The manuscript has some grammatical errors. Please proof read carefully. Here are some examples: "She had sustained pain for 3 h." This sentence is irrelevant and could be removed. "She did not have other symptoms such as coma, dizziness, headache, chest tightness and abdominal pain." Could be changed to: She had no other symptoms including dizziness, headache, chest tightness and abdominal pain. "coma" is not a symptom; it is a diagnosis. "She had no other history of past illness". Replace with "she had no other history of past illnesses." "The patient had no personal or family history". Replace with "she had no genetic or familial disease history." "On

examination, her knee was swollen and tender, and her range of motion was restricted by the pain.” Replace with “On examination, right knee was swollen and tender with decreased range of motion.” “in situ” is in *Italic*. 1. Soni, A., et al., In situ fixation of symptomatic fibrous non-union hoffa fracture: a case report. *Malaysian orthopaedic journal*, 2019. 13(1): p. 57. 2. Jiang, Y., et al., Twenty-seven-year nonunion of a Hoffa fracture in a 46-year-old patient. *Chinese Journal of Traumatology*, 2015. 18(1): p. 54-58. 3. Nandy, K., et al., Non-union coronal fracture femoral condyle, sandwich technique: a case report. *Journal of clinical orthopaedics and trauma*, 2015. 6(1): p. 46-50.

1-The organization & flow of the paper needs work.

Response: *We thank you for your valuable comments and suggestions. We have made several changes in the manuscript, adjusted the order of some of the content and removed the irrelevant details. The changes in the revised manuscript have been marked-up in red text.*

2-In your manuscript the definition of hoffa’ s fracture is missing. Please elaborate on differences between unicondylar/bicondylar Hoffa fracture and how they usually are managed. Also please discuss different types of Hoffa fracture based on distances of fracture line from the posterior cortex of femoral shaft.

Response: *We thank you for your valuable comments and suggestion. We have provided a definition of Hoffa fracture in the **INTRODUCTION** section. We have also elaborated on the differences between unicondylar/bicondylar Hoffa fracture and their management in the first paragraph of the **discussion** section and **Table 1**. The changes in the revised manuscript have been marked-up in red text.*

3-How can you compare your work with the current literature?

Response: *We thank you for your valuable comments and suggestion. We have added a brief literature review and a table regarding the surgical approaches and fixed method. The advantages and disadvantages of the current main surgical approaches and fixation methods have been*

*compared and the differences between our work and the current literature have been analyzed and compared in the first paragraph of the **discussion** part and **Table 1**. The articles recommended by the reviewer have been added and cited. The changes in the revised manuscript have been marked-up in **red** text.*

4-The manuscript has some grammatical errors. Please proof read carefully.

Response: *We thank you for your valuable comments and suggestion. I sincerely apologize for the errors made on my part. I have ensured revision of all the grammatical errors. The revisions in the manuscript have been marked-up in **red** text.*

EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

1 Scientific quality: The manuscript describes a case report of the Hoffa's fracture in an adolescent treated with an innovative surgical procedure. The topic is within the scope of the WJCC. **(1) Classification:** Grade C and Grade D; **(2) Summary of the Peer-Review Report:** In this study, authors present a 16-year-old girl following a right knee injury that was diagnosed with Hoffa fracture, a coronal plane fracture of posterior femoral condyle, that was treated with open reduction and internal fixation with osteochondral plug re-implantation. This study is relevant. The questions raised by the reviewers should be answered; **(3) Format:** There are 4 figures; **(4) References:** A total of 8 references are cited, including 1 reference published in the last 3 years; **(5) Self-cited references:** There is no self-cited reference; and **(6) References recommendations:** The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. **2 Language evaluation:** Classification: Two Grades B. A language editing certificate issued by Editage was provided. **3 Academic norms and rules:** The authors provided the written informed consent. No academic misconduct was found in the Bing search. **4 Supplementary comments:** This is an

unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJCC. 5 Issues raised: (1) The “Author Contributions” section is missing. Please provide the author contributions; (2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; and (3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout. 6 Re-Review: Required. 7 Recommendation: Conditional acceptance.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

1-The “Author Contributions” section is missing. Please provide the author contributions.

***Response:** We thank you for your valuable comments and suggestion. We have provided the author contributions in the **author contributions** section. The changes in the revised manuscript have been marked-up in **red** text.*

2-The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

***Response:** We thank you for your valuable comments and suggestion. We have prepared the original figure documents and ensure that all the graphs or arrows or text portions can be reprocessed by the editor.*

3-PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

***Response:** We thank you for your valuable comments and suggestion. We have provided the PubMed numbers and DOI citation numbers to the reference list and listed all the authors in the corresponding references. However, the DOI citation numbers of articles 1, 2 and 24 and PubMed numbers of article 1 are missing, despite our best efforts.*

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file.

1-Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file.

***Response:** We thank you for your valuable comments and suggestion. We have modified it accordingly, prepared the original figure documents, and ensured that all graphs or arrows or text portions can be reprocessed by the editor.*

We would once again like to emphasize our gratitude for the insightful comments of the editor. In our view, the changes will substantially strengthen the manuscript. We hope the editor will now consider our revised paper acceptable for publication in the **World Journal of Clinical Cases**.

Sincerely,

Yue Wang, MD