#1

SPECIFIC COMMENTS TO AUTHORS

Thank you very much for asking me to review this manuscript by Hailin Deng et al. This paper involves a meta-analysis to evaluate the differences in the effectiveness of DUSO and MUSO for UIS and to determine the factors that should be considered when choosing surgical treatment for UIS. The result of the study is of interest and may help to make a choice when choosing surgical treatment for UIS. Overall, this study was well conducted with good methodology and intelligible English. Furthermore, minor comment that I would to proposed: 1. The authors claimed in this article that the surgeons should carefully consider when selecting DUSO and MUSO for UIS. So, what is the final conclusion of this paper? What are the application scenarios for DUSO and MUSO in clinical treatment? 2. Since numerous researches have reported the treatment outcomes of UIS and compared distal MUSO and DUSO for UIS, what is the necessity to showcase this meta-analysis? What is the critical advantage of meta-analysis compared with systematic reviews for this topic?

#2

SPECIFIC COMMENTS TO AUTHORS

I found the manuscript entitled "Is metaphyseal ulnar shortening osteotomy superior to diaphyseal ulnar shortening osteotomy in the treatment of ulnar impaction syndrome? A meta-analysis" original, very interesting, well-structured and with huge impact on clinical treatments. However, in my opinion, the title of the manuscript needs to be revised. It is suggested to revise it as a statement so as to describe the subject of the article more clearly.

Dear editor

I have modified the title and other comments based on your comments. Please check

1.Surgical interventions were not randomly allocated because of ethical reasons. This meta-analysis summarized the bias risk of the included studies (figures 2 and 3), pooled the selected outcomes, and compared the different outcomes between MUSO and DUSO

for UIS treatment.

2.MUSO is associated with a lower secondary procedure rate, slightly lower postoperative DASH score, and slightly better pain relief, and thus is suitable for UIS treatment.