

## Answering Reviewers

### 3 SCIENTIFIC QUALITY

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:

Thank you for your comments. We have done our best to improve our paper according to the provided suggestions. We wish to express our utmost appreciation for your kind and detailed comments.

#### Reviewer #1:

**Scientific Quality:** Grade A (Excellent)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** Congratulations to author - a rare case with good narration as per BPG standard

Thank you for your comments. We have done our best to improve our paper according to the provided suggestions. We wish to express our utmost appreciation for your kind and detailed comments.

### 4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS

#### SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

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As recommended, the final English correction was carried out.

A proofread manuscript and language certificate were submitted together.

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The following manuscript was proofread and edited by  
the professional English editors at HARRISCO.

**Manuscript Title :**

Delayed dislocation of radial head associated with malunion of distal radius fracture: A case report

**Manuscript Authors :**

Wang Sung Il

**Date of Issue: :**

May 12, 2023

Yours truly,

HARRISCO



**Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.**

Thank you for your comments.

As recommended, the final English correction was carried out.

A proofread manuscript and language certificate were submitted together

## CERTIFICATE OF EDITING



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## 5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:

**(1) Title:** Abbreviations are not permitted. Please spell out any abbreviation in the title.

**(2) Running title:** Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

**(3) Abstract:** Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).

**(4) Key Words:** Abbreviations must be defined upon first appearance in the Key Words.

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**(6) Main Text:** Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

**(7) Article Highlights:** Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC).  
Example 2: *Helicobacter pylori* (*H. pylori*)

**(8) Figures:** Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

**(9) Tables:** Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table.  
Example 1: BMI: Body mass index; US: Ultrasound.

Thank you for your comments.

As recommended, we revised.

## 6 EDITORIAL OFFICE'S COMMENTS

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

Thank you for your comments. We have done our best to improve our paper according to the provided suggestions. We wish to express our utmost appreciation for your kind and detailed comments.

### *(1) Science editor:*

The authors report a rare case of traumatic RHD in a children with an ipsilateral radial trunk fracture. Delayed dislocation of the radial head with malunion of the radial shaft in children detected could obtain reduction of RHD and restoration of the normal curve of the radial shaft with only annular ligament reconstruction without corrective osteotomy. As the authors state, delayed RHD associated with malunion of isolated radial shaft fractures is extremely rare. In the English-language literature, only four such cases have been reported so far.

1. Please display the clinical information of your case with the published four cases in table form.

As recommended, we displayed the clinical information of our case with the published four cases in table form, and submitted it as “**83718-Tables.docx**”

Table 1. Clinical information on the present case and previously published four cases related to delayed radial head dislocation with malunion of radial fracture.

Author	Gender (Boy/Girl)	Age (years)	fracture site of radius	Initial treatment	Time interval between injury and operation (months)	Treatment method	Metal removal
Kim et al. (Present case)	Boy	9	Distal 1/3	CR and Cast immobilization	3	Annular ligament reconstruction	( - )
<u>Yasutomi</u> et al. [3]	Boy	15	Mid 1/3	CR and Cast immobilization	36	Corrective osteotomy	( + )
Yamazaki et al. [4]	Girl	12	Proximal 1/3	CR and Cast immobilization	6	Corrective osteotomy + annular ligament repair	( + )
Wang et al. [5]	Boy	12	Proximal 1/3	CR and Cast immobilization	16	Corrective osteotomy + annular ligament reconstruction	( + )
Haines et al. [6]	Girl	2	Proximal 1/3	CR and Cast immobilization	10	Corrective osteotomy	( + )

CR; Closed reduction.

2. Additionally, repetition of language exceeds the limit, please reduce the repetition part with previous literature.

As recommend, we revised it in introduction and discussion section.

## Introduction

Page 4, line 78-82

~~In previously reported cases, corrective wedge osteotomy was performed in all four cases to restore the normal curvature of radius, with repair or reconstruction of annular ligament performed in two cases for RHD.~~

Corrective wedge osteotomy was performed in all previous cases to restore normal radial curvature (Table 1).

## Discussion

~~Yasutomi et al. have performed corrective osteotomy to restore the normal curve of forearm bones and prevent dislocation of the radial head in a 15-year-old boy [3]. Yamazaki et al. [4] have performed a corrective osteotomy of radial shaft and repair of the annular ligament in six months after the injury. In another report, a 12-year-old boy underwent corrective osteotomy with annular ligament reconstruction at 16 months after injury [5]. In all previously reported cases, corrective wedge osteotomy was performed to restore the normal curve of the radius shaft and repair or reconstruction of annular ligament was performed in two cases for RHD. In previously reported cases, corrective wedge osteotomy was performed in all cases to restore the normal curvature of the radius, with the repair or reconstruction of the annular ligament performed in two cases for RHD (Table 1). [3-6]~~

**(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.

1. The title of the manuscript is too long and must be shortened to meet the requirement of the journal

(Title: The title should be no more than 18 words).

As recommended, we revised it in title section.

Title



## ~~A modified double strip Bell Tawse procedure in delayed dislocation of the radial head associated with malunion of a distal radius fracture: A case report~~

Delayed dislocation of the radial head associated with malunion of distal radial fracture: A case report

2. 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 the original figure documents.

As recommended, we revised it and added Copyright ©The Author(s) 2023. to the bottom right of the picture of our original figures.

Page 13-19

### Figure Legends

~~**Figure 1.** CT images of the left forearm performed at the time of injury showing linear fracture with angulation of the radius at the distal third without dislocation of the radial head.~~

**Figure 1.** CT images of the left forearm performed at the time of injury.

A: A linear fracture with angulation is showed in the distal third of the radius; B: There is no dislocation of the radial head in elbow joint.

~~**Figure 2.** Radiographs performed at two weeks after injury showing no evidence of displacement progression in the radius fracture, although mild subluxation of the radial head is shown radiographically.~~

**Figure 2.** Radiographs of the left forearm performed at two weeks after injury

A: The radius fracture is well reduced and shows no evidence of displacement progression. ;  
B: A mild subluxation of the radial head, which was not observed at the time of injury, is shown at the elbow joint

~~**Figure 3.** Preoperative radiographs performed at three months after injury showing malunion with a posterior convex deformity of 22° at the radial fracture site associated with complete anterior dislocation of the radial head.~~

**Figure 3.** Preoperative radiographs of the left forearm performed at three months after injury. Malunion with a posterior convex deformity of 22° at the radial fracture site associated with complete anterior dislocation of the radial head is shown.

3. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

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6. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

As recommended, we searched through RCA and confirmed that there was no further improving the content of the manuscript as it was a rare case.

## 7 STEPS FOR SUBMITTING THE REVISED MANUSCRIPT

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Please click and download the [Format for authorship, institution, and corresponding author guidelines](#), and further check if the authors names and institutions meet the requirements of the journal.

Thank you and we checked.

### Step 2: Manuscript Information

Please check if the manuscript information is correct.

Thank you and we checked.

### **Step 3: Abstract, Main Text, and Acknowledgements**

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Thank you and we checked and we revised the our manuscript according to the Guidelines and Requirements for Manuscript Revision.

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We checked and we revised the our manuscript according to the Guidelines and Requirements for Manuscript Revision.

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Our manuscript is a case report.

**(4) Common issues in revised manuscript.** Please click and download the [List of common issues in revised manuscripts by authors and comments](#) (PDF), and revise the manuscript accordingly.

We checked and revised the our manuscript according to the [List of common issues in revised manuscripts by authors and comments](#) (PDF).

#### **Step 4: References**

Please revise the references according to the [Format for References Guidelines](#), and be sure to edit the reference using the reference auto-analyser.

We checked and revised the references according according to the [Format for References Guidelines](#).

#### **Step 5: Footnotes and Figure Legends**

**(1) Requirements for Figures:** Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file, and submit as “**83718-Figures.pptx**” on the system. The figures should be uploaded to the file destination of “Image File”. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is ‘original’, the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. Please click to download the sample document: [Download](#).

As recommended, revised figures and submitted as “**83718-Figures.pptx**”

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I checked the contents.

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For all required accompanying documents (listed below), you can begin the uploading process *via* the F6Publishing system. Then, please download all the uploaded documents to ensure all of them are correct.

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(2) 83718-Audio Core Tip

(3) 83718-Conflict-of-Interest Disclosure Form

(4) 83718-Copyright License Agreement

~~(5) 83718-Approved Grant Application Form(s) or Funding Agency Copy of any Approval Document(s)~~

(6) 83718-Signed Consent for Treatment Form(s) or Document(s)

(7) 83718-Non-Native Speakers of English Editing Certificate

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(10) 83718-Table File

(11) 83718-CARE Checklist-2016

~~(12) 83718-Supplementary Material~~

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