

Dear Editor and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "**Fracture of the scapular neck combined with rotator cuff tear: a case report and literature review**" (ID: 58742). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meets with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Round 1

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: The authors reported a very rare case of a scapular fracture concomitant with rotator cuff injury and glenohumeral joint subluxation. The authors have comprehensively described the case and literature review. The language quality is good. The reviewer had an only minor question on the first operation. Did the author try open-reduction the glenohumeral joint and relocation the long-head biceps in ORIF procedure? Was it possible or any rationale for better outcome treating it in second stage surgery?

Response:

Thank you for your good comment.

In the first stage of scapular fracture fixation, we did not try open-reduction the glenohumeral joint and the relocation of the biceps long head tendon, based on the following considerations: 1. The patient was placed in the left semi-prone position and the scapula was approached by the Judet incision. It was difficult

to reduce the joint, repair the rotator cuff and relocate the long head of the biceps tendon by this position and through this incision; 2. The patient's chest injury is severe, and the patient cannot tolerate prolonged anesthesia and surgery. It was previously estimated that the operation time for the infixation of scapula would be 120 minutes (in fact, we did 150 minutes). If the rotator cuff operation is performed at the same time, the total operation time will be too long and the patient may not be able to tolerate it; 3. Therefore, we made a staged surgical plan, and the rotator cuff was repaired under arthroscopy to avoid the trauma caused by open repair, which is conducive to the functional exercise of patients and accelerate recovery; 4. Finally, the fixation of scapular fracture was performed by Dr. Wu Peng and Dr. Chen Lei from the Department of traumatic orthopedics, while the rotator cuff repair was performed by Dr. Liu cailong, a professional of sports medicine. Therefore, after the ORIF of scapula was performed by the orthopaedic trauma doctors, the rotator cuff surgery was performed by the sports medicine doctor.

Special thanks to you for your good comments.

Reviewer #2:

Scientific Quality: Grade D (Fair)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Specific Comments to Authors: Thank you very much for submitting your research to World Journal of Clinical Cases. The reviewer would like to make several comments on your article.

1.What is the message that the authors would like to deliver?

Thank you for your good comment.

In this article, we report an extremely rare scapular neck case with rotator cuff injury and biceps interposition. And this injury type has typical imaging features. When we encounter patients with scapular neck fractures, we must

not ignore the possibility of soft tissue damage. With this unique humeral head dislocation, we must consider rotator cuff tear and biceps interposition. This is the main message we want to deliver.

2.What is the novelty of this manuscript?

Thank you for your good comment.

Because of the rarity of scapular neck fracture, there are few reports in the literature. The scapular neck fracture combined with rotator cuff injury caused by trauma is extremely rare. Therefore, the novelty and main value of this article is to report the existence of this rare injury and analyze its typical radiographic imaging features. We have also achieved satisfactory results through surgical procedures. If we encounter patients with similar radiographic imaging features in clinical work, we must not ignore the possibility of soft tissue damage.

3.Please provide the approval of the institutional review board.

We are sorry for our negligence of approval of the institutional review board. This study was approved by the ethics committee of Wenzhou Medical University first affiliated hospital, and the approval number is 2020-121. Thank you for your reminding.

4.Did the participant approve of the publication.

We are sorry for lack of participant approval for publication. We had the written consent document of publication of this patient. And we have added the consent now. Thank you for your reminding.

5.Please provide the clinical relevance of this study. Thank you very much.

Thank you for your good comment.

As an orthopedic surgeon, we need to pay attention to the radiographic imaging characteristics of each injury, such as gull wing sign and spur sign of

acetabular fractures. In clinical practice, when we encounter a scapular neck fracture with this unique humeral head dislocation, we should pay attention to the possibility of rotator cuff injury. This is the clinical relevance of the study.

Special thanks to you for your good comments.

Round 2

SPECIFIC COMMENTS TO AUTHORS

Thank you very much for submitting revised manuscript to World Journal of Clinical Cases. The reviewer would like to make minor comment on your article. 1.What is the number of patients in this report? Informed consent statement: Informed written consent was obtained from the patients for publication of this report and any accompanying images Thank you very much.

Response:

Thank you for your good comment.

There is only one patient in this report. The name of patient is Gu xinhua, which could be found in the patient information line of consent statement. The consent statement was signed by the son of patient as the subject was illiterate. This may cause confusion in the consent statement.

Special thanks to you for your good comments.

Responds to the editors:

1.Special requirements for references: Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

We have made correction according to the Reviewer's comments. Revised portion are marked in red in the paper. Thank you for your reminding.

2.Special requirements for figures: Please prepare and arrange the figures using PowerPoint to ensure that all graphs or text portions can be reprocessed by the editor.

We have made correction according to the Reviewer's comments. And the original images have been uploaded separately in the file type of PPT, which can be processed by editors. Thank you for your reminding.

Special thanks to you for your suggestions.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. All the changes were marked in red in revised paper.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.