

Dear Editor and Reviewers,

Thank you very much for having our manuscript entitled “**Treatment of Lower Part of Glenoid Fractures Through a Novel Axillary Approach: A case report**”

reviewed in a timely and professional manner and for giving us an opportunity to revise it. We thank the editors’ warm work earnestly and deeply appreciate the reviewers for their critical review of the manuscript with thoughtful and constructive comments. Accordingly, we have revised our manuscript which marked the changes in the revised revision. Please find the revised version and point-by-point responses to reviewers’ comments are listed below.

Reviewer: 1

The new surgical approach is certainly novel. I have the following concerns and recommendations:

- 1. Please have the manuscript proof read to correct the english language grammatical errors.**

Response: Thanks for your comments. We have asked an English editing company to polish up this paper (This article was polished by "Zibo Yimore Translation CO. LTD, Henry Graff. Tel: 0533-2775538"on MAY 05, 2021. Please see our supplementary material).

- 2. It would add value to the manuscript if the authors could mention how they treated the ipsilateral proximal humerus fracture? Same setting? Position and approach?**

Response: Thanks for your comments. Another anteromedial approach of the shoulder joint under the same body position was adopted for surgical treatment of the ipsilateral proximal humeral fracture. After open reduction, the proximal humeral locking plate was used for fixation. We added it in the **TREATMENT. (Line95-97, Supplementary-Material-revision)**

- 3. I would also recommend adding a lit more details about what the authors**

mean by wire anchor fixation? Also please mention the size and number of cannulated screws.

Response: Thanks for your comments. Anatomic reduction was achieved under a direct vision. After the fracture reduction, two 1.5-mm fine Kirschner wires were used for temporary fixation, and then the fracture block was fixed with one cannulated screw (3 mm in diameter, 18 mm in length), and then two 2.7-mm wire anchors were used to strengthen the fixation. We added it in the **TREATMENT. (Line90-92, Supplementary-Material-revision)**

4. Did this patient have a shoulder dislocation? On the x ray images, the glenoid fracture appears very similar to bony bankart.

Response: Thanks for your comments. The patient was diagnosed as the fracture of the lower part of the glenoid, also known as bony Bankart lesion without shoulder dislocation. We added it in the **Abstract. (Line12-14, Supplementary-Material-revision)**