Cleft foot: a case report of rare congenital malformation treated with Ilizarov external fixator Authors: Sergey S. Leonchuk et al. Leonchuk et al. present a clinical case of congenital splitting of the feet and hands in a 31-year-old woman and a long-term result of foot treatment using the minimal arrangement of the Ilizarov apparatus. The authors conclude that the long-term outcome of the treatment of foot congenital splitting using the proposed Ilizarov apparatus arrangement has shown its effectiveness. The author argue that this approach should be considered as an option of treatment in similar cases. This is an interesting study, however, the manuscript would benefit from the following changes/amendments: 1. Background, origin and basic demographic features of the patient need to be presented. 2. Since the malformation is familial it would be worthwhile to present the pedigree. 3. It is not clear from the text whether the affected father and his two brothers also had the involvement of hands or only the feet were cleft. 4. A summary table of literate showing the surgical repair method for cleft foot and their out come would be useful for the reader. 5. It is not clear from the literature whether there is surgical repair available also for cleft hand. The authors need to comment on this. 6. The authors may comment, 'why they did not attempt to correct the cleft hand in their patient'. 7. The authors need to cite paper showing the correction of cleft hand. For instance, Upton and Taghinia (2010). Upton J, Taghinia AH. Correction of the typical cleft hand. J Hand Surg Am. 2010 Mar;35(3):480-5. doi: 10.1016/j.jhsa.2009.12.021. Epub 2010 Feb 6.

Respected reviewers, thank you for your attention to our manuscript. We agree with your comments and included additional information to our paper.

1. *The patient is a resident of the countryside, there are no demographic and origin features.*

2,3. From the anamnesis, it is noted that her grandfather, father, brother and paternal uncles also have a similar anomaly in the development of hands and feet. Her aunt and grandmother have no such problems.

4. *Table 1*
5. *Surgical reconstruction in splitting of hands includes the closure of the cleft, the release of syndactyly, correction of the adduction of the first finger and the removal of transverse or deformed bones. The Snow-Littler and Miura*

procedures are most common surgical techniques to close the cleft of hand and widen the thumb-index finger web space.

6. *To start surgical treatment from the feet was the patient's desire, because the anomaly of the feet caused her more inconvenience.*

9. Upton J, Taghinia AH. Correction of the typical cleft hand. J Hand Surg Am 2010; 35: 480-485 [PMID: 20138711 DOI: 10.1016/j.jhsa.2009.12.021]

Sincerely,

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