Response to reviewer's comments

Reviewer #1

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: The authors worked out a systematic review on a very interesting and very specific scientific question in the field of limb lengthening. Title: "Femoral lengthening in young patients" for example is more correct as patients up to 21 were included in the studies. Abstract: Results: results part stated a range from 15 to 18 for the nails – but Black et al. had a range up to 21 (18.2 ± 1.7 (18.6; 15.5-21.2)) The authors conclude that motorized nails are equal or superb in children over 9 years. This needs clarification as motorized nails are not commonly used in this age group – especially not in skeletally immature children. Only Szymczuk included patients below 15 (+/- 5) with significant different ages in the two groups. Discussion: Short analysis and review of non-pediatric or non-femur comparative studies would be interesting. This paper for example compares IM vs. EF pediatric humeral lengthening: Morrison SG, Georgiadis AG, Dahl MT. Lengthening of the Humerus Using a Motorized Lengthening Nail: A Retrospective Comparative Series. J Pediatr Orthop. 2020 Jul;40(6):e479-e486. doi: 10.1097/BPO.0000000000001453. PMID: 32501920. Discussion about intramedullary nailing in children and the limitations of this method (particulary in skeletally immature patients) would be interesting to point out the clinical relevance of the study. Conclusion; Young patients (e.g.) instead of children

Dear reviewer,

Thank you for reviewing our manuscript. We have made corrections in the formatting and followed the format as outlined by the World Journal of Orthopaedics.

1. Language polish

Thank you for accepting our manuscript. We have done language editing throughout the manuscript.

2. Title: "Femoral lengthening in young patients" for example is more correct as patients up to 21 were included in the studies.

   We have made corrections to the title and manuscript.

3. Abstract: Results: results part stated a range from 15 to 18 for the nails – but Black et al. had a range up to 21 (18.2 ± 1.7 (18.6; 15.5-21.2))

   We the have done the correction now to reflect the age range for patients treated with each treatment option.

4. The authors conclude that motorized nails are equal or superb in children over 9 years. This needs clarification as motorized nails are not commonly used in this age group – especially not in skeletally immature children.

   Thank you for identifying this point. The manuscript was corrected to reflect the verdict of the current literature. The identified studies suggested that motorized nails had equivalent or better clinical effectiveness compared to external fixators in young patient. Further discussion on the restrictions and advantages of both options were explained in the introduction and discussion sections.

5. Only Szymczuk included patients below 15 (+/- 5) with significant different ages in the two groups.

   This point was highlighted in the quality assessment section of the studies as one of the limitations to Szymczuk et al.

6. Short analysis and review of non-pediatric or non-femur comparative studies would be interesting

The review was focused on femoral lengthening as femora were the most frequently lengthened bone utilizing motorized nails. We have added an extra section in discussion. That section report some of the non-paediatric studies and non-femur studies.

7. Discussion about intramedullary nailing in children and the limitations of this method (particulary in skeletally immature patients) would be interesting to point out the clinical relevance of the study

   We have added a section discussing the limitations of lengthening nails in children.

8. Conclusion; Young patients (e.g.) instead of children

   We have made the suggested correction.

Editorial office's comments

5 Issues raised: (1) The title is too long, and it should be no more than 18 words; (2) The "Author Contributions" section is missing. Please provide the author contributions; (3) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; (3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; and (4) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text.

Dear Science editor,

Thank you for reviewing our manuscript. We have made corrections in the formatting and followed the format as outlined by the World Journal of orthopaedics.