Late Brachial Plexopathy After A Mid-Shaft Clavicle Fracture: A Case Report

Dear Reviewers,

Thank you for your additional review of our manuscript. Your comments are constructive and have been applied in the manuscript. Please find below a point-by-point response to your comments. We have modified the manuscript accordingly and hope that we have addressed all your suggestions. We look forward to your feedback.

Kindly note that all line references in the Author Response section and Text change section refer to the revised manuscript line numbering (unless specifically stated).

Reviewer Remark	**Author Response**	**Revised Manuscript Line Number and text change.**
REVIEWER 1:		
Change "An extremely rare" to "A rare"	Thank you for the comment, this has been revised accordingly.	Line 19: . An rare cause
Please describe and expand the incidence of brachial plexus injury with	Thank you for the comment, we have revised to include incidence of palsy in all injuries and displaced fractures. but	Line 20: While these injuries are common, an associated brachial plexus injury is considered rare with

the fracture itself, the ORIF, the conservative management.	for the post-orif incidence we couldn't find any studies assessing this as they are all case reports.	an incidence of less than 1%, while this incidence can reach 2% in displaced fractures [1, 2].
Case Presentation: Line 29: multiple right sided rib fractures .. Please describe what was done for that.	Thank you for the comment, this has been revised accordingly.	Line 28: Plain radiographs diagnosed multiple right sided rib fractures (which were managed conservatively) and a right mid-shaft clavicle fracture.
Line 32: Patient was discharged!!.. There is no mention how the patient was treated.	Thank you for the comment, this has been revised accordingly.	Line 33: Patient was immobilized in a sling and discharged with a follow up in the orthopaedic clinic in 2 weeks.
Line 33: 2 weeks post-injury, a mid-shaft comminuted clavicle fracture was documented.. You mean it the fracture was not discovered except after 2 weeks?	Thank you for the comment, sorry for the confusion here. This has been revised accordingly.	Line 34: At the time of the follow up 2 weeks post-injury, plain radiographs were performed again and re-documented a displaced mid-shaft comminuted clavicle fracture was documented on plain radiographs

Line 37: patient declined.. what was the cause	Thank you for the comment, this has been revised accordingly.	Linne 38: Patient was offered open reduction and internal fixation of the clavicle fracture, but patient declined surgery and opted for conservative management and was given follow up in 4 weeks.
Line 44: Remove unfortunately	Thank you for the comment, this has been revised accordingly.	Line 46: but patient was complaining of significant right upper extremity weakness,
Line 46: loss of sensation in the hand and forearm region. whcih areas exactly	Thank you for the comment, this has been revised accordingly.	Linne 48: hand and forearm region (C7, C8 and T1 distribution).
Line 90:Plain radiographs of the right clavicle showed progression of the fracture healing and maintained implant fixation. Please add those 6 months follow-up Xrays	Thank you for the comment. We have added a figure to highlight this.	Figure-7
Did you do nerve conduction studies prior to the surgery?	Thank you for the comment, the nerve conduction study was scheduled for the patient but the decision was made	Line 61: A nerve conduction study was arranged for the patient. But as the patient was exhibiting

	to go ahead with an urgent decompression due to the patients worsening symptoms. We have revised the manuscript to highlight this.	significant neurological deficits due to brachial plexus compression from the hypertrophic callus formation, an urgent surgical decompression and clavicle open reduction internal fixation was planned.
Why did you use 2 plates for ORIF?	Thank you for the comment, The anterior plate was a provisional plate to hold the fracture reduction which was kept to provide additional stability.	Line 83: then fixed provisionally fixed with an anterior contoured 2.7mm reconstruction plate and then a superior pre-contoured 3.5mm clavicular plate was applied.
REVIEWER 2:		
I suggest the authors to provide some images to describe the proximity of the fracture callus to the brachial plexus, either intraoperative or in imaging examination	Thank you for the comment, we have provided figure 4 to show the plexus compression by the callus.	

1. Saito, T., T. Matusmura, and K. Takeshita, *Brachial plexus palsy after clavicle fracture: 3 cases.* J Shoulder Elbow Surg, 2020. **29**(2): p. e60-e65.
2. Kim, M.S., *Conservative treatment for brachial plexus injury after a displaced clavicle fracture: a case report and literature review.* BMC Musculoskelet Disord, 2022. **23**(1): p. 632.