

February 24, 2017

Scientific Editor, World Journal of Orthopaedics
Manuscript ID: 31843

Dear Fang Fang Ji,

Thank you for allowing us to revise our manuscript "*Ipsilateral Femur and Tibia Fractures in Pediatric Patients: A Systematic Review*" for consideration for publication in the World Journal of Orthopaedics. We feel the reviewer comments have allowed us to produce a work that will be helpful to the pediatric orthopaedist.

We welcome and further comment you or the reviewers may have. We look forward to progressing towards publication with your approval in the near future. Please find a point-by-point review of the commentary by the reviewers:

- Reviewer 1
 - This review was based on a database search ended in Feb. 2005, which is almost two years gap from now. It would be better to do a new search in case any new article published.
 - The search has been updated to February 2017 and no new articles have been published on this topic.
 - From this systemic review, the morbidity of nonunion, malunion, overgrowth, undergrowth, infection and secondary operation were obtained. Because the conclusion could not elucidate the relationships between clinical treatment and outcome, it was less significant to the management of ipsilateral fractures of the femur and tibia. Add a table to summarize the included articles in terms of nation, case number, year and ect.
 - We agree (include in weaknesses), the published data are not great. A systematic review can only report what is currently in the literature, and we plan a multicenter analysis of current techniques based on this weakness of the current literature.
 - In recent years, orthopaedic technology develops very fast, which gives surgeons more choices in managing fractures and changes the outcomes of patients. The articles in this review spans more than a decade and come from different countries, this may also interfere the clinical treatment and outcome. Is there any relationship between fracture type (open or close) and the treatment modality?
 - There doesn't seem to be, even in large centers these are rare but not unheard of injuries, so it is difficult to develop a protocol for treatment. This article is the first step of analyzing what people have done in the past.
 - The Number of patients, Age (years), Follow up (months) and Sex in Table 1 are not necessary. There is no description of GA in Methods. One of the "overgrowth" in Table 3 should be "undergrowth"
 - Sex has been removed from Table 1, GA expanded to Gustilo Anderson, and Table 3 had a term changed from overgrowth to undergrowth.
- Reviewer 2
 - The number of references can be increased.
 - We could not find any additional articles pertinent to this topic that could be included in the references.
- Reviewer 3
 - Well-organized paper

Most Sincerely,

Jason B. Anari, MD
Keith D. Baldwin, MD, MPH

Alexander L. Neuwirth, MD
B. David Horn, MD