**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 86720

**Title:** Use of Ilizarov technique for bilateral knees flexion contracture in Juvenile-onset ankylosing spondylitis: A case report

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer’s code:** 05345731

**Position:** Peer Reviewer

**Academic degree:** BSc, MD, MSc

**Professional title:** Doctor

**Reviewer’s Country/Territory:** Kazakhstan

**Author’s Country/Territory:** China

**Manuscript submission date:** 2023-07-28

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-08-22 17:44

**Reviewer performed review:** 2023-08-23 11:48

**Review time:** 18 Hours

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<th>Scientific quality</th>
<th>[ ] Grade A: Excellent</th>
<th>[Y] Grade B: Very good</th>
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**SPECIFIC COMMENTS TO AUTHORS**
The article is very compelling and striking from a general perspective. But I'd recommend a few improvements: The introduction could provide a brief overview of the Ilizarov technique, particularly for readers less familiar with orthopedic procedures. This would ensure that readers of varying backgrounds can grasp the significance of the method in the context of KFC management. The discussion section could elaborate on the potential implications of this case study for clinical practice and research. Addressing questions such as the broader applicability of the Ilizarov technique for similar cases, its potential benefits compared to other interventions, and the need for further studies to validate its efficacy would enhance the discussion's depth. Given the unique nature of the case, discussing any challenges or limitations encountered during the treatment process would be valuable. This could give readers a more comprehensive understanding of the considerations and complexities of managing such cases. This article offers valuable insights into managing knee flexion contracture in individuals with JAS using the Ilizarov technique. The authors have effectively communicated the case study details, treatment approach, and outcomes. With the suggested revisions, the
manuscript would contribute significantly to the existing literature on novel therapeutic strategies for managing complications in JAS patients. I think it's best to accept the article pending the revisions mentioned.
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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 04083095

Position: Peer Reviewer

Academic degree: N/A

Professional title: Research Scientist

Reviewer’s Country/Territory: Russia

Author’s Country/Territory: China

Manuscript submission date: 2023-07-28

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-08-24 08:44

Reviewer performed review: 2023-08-24 09:44

Review time: 1 Hour

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Dear Authors,

Your case report deals with a very humane issue of improving the quality of life of a person with JAS willing to stand upright and walk. Your treatment served a noble objective. May be this should be stressed in the conclusion. But there are some issues I would like to focus your attention on and correct. The title: Use of Ilizarov technique for bilateral knees flexion contracture in Juvenile-Onset ankylosing spondylitis: a case report. The name of the disease is juvenile ankylosing spondylitis, why do you use the word onset. Please, correct the title. It sounds better like: Use of the Ilizarov distraction technique for bilateral knee contracture in juvenile ankylosing spondylitis: a case report. Diagnosis: you specify only KFC as a complication, may be associated with severe KFC (HFC was also present) You did not specify the rate of distraction in the text. There are a lot of spelling and grammar mistakes that should be corrected, I believe. First of all, you use capital letters where it is not needed: Juvenile-Onset ankylosing spondylitis Ankylosing Spondylitis our Orthopedic Clinic and several more instances. Grammar: However, its use to treat KFC-associated JAS has not been reported. It is JAS-associated KFC. The patient can walk normally until the age of eight. Change
for could or was able to walk. Spine plain radiography – better: plain radiographs of the spine. There are several sentences with plain... The sentence about no family history is repeated twice. In this study, the patient did not develop ????? Wrong notion. The patient presented in this study.... Therefore, we recommend ... (You advice???? or You offered to the patient the plan of your treatment. Conclusion It is better omit generalization in your conclusion and put it in Discussion Squatting gait is clinically rare due to JAS. Premature arthroplasty can increase the need for subsequent replacements in young JAS patients. Some abbreviations are explained by you several times. Please, do it only at first appearance
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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 03999237

Position: Peer Reviewer

Academic degree: MS

Professional title: Professor

Reviewer’s Country/Territory: India

Author’s Country/Territory: China

Manuscript submission date: 2023-07-28

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-08-25 02:06

Reviewer performed review: 2023-08-31 02:02

Review time: 5 Days and 23 Hours

Scientific quality

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Language quality

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Conclusion

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Re-review

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SPECIFIC COMMENTS TO AUTHORS
The article was well written, good description, pictures, good outcome. A few comments on improving the understanding and quality of the paper. Kindly include a few x-rays with the fixator at the beginning and end of correction and at follow-up. Kindly elaborate the range of movement change/improvement with anaesthesia and after soft tissue release. The deformity tends to partly correct with gentle manipulation under GA. Kindly discuss why soft tissue release followed by plaster of Paris casting and gradual wedging and correction could not be considered. Kindly elaborate on the post-operative care and emphasis on physiotherapy to maintain ROM.