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

**Manuscript NO:** 73199  

**Title:** Multiple stress fractures of unilateral femur: A case report and literature review  

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

**Peer-review model:** Single blind  

**Reviewer’s code:** 05142913  

**Position:** Peer Reviewer  

**Academic degree:** Doctor, MBBS  

**Professional title:** Doctor  

**Reviewer’s Country/Territory:** Saudi Arabia  

**Author’s Country/Territory:** China  

**Manuscript submission date:** 2021-12-10  

**Reviewer chosen by:** AI Technique  

**Reviewer accepted review:** 2021-12-10 16:22  

**Reviewer performed review:** 2021-12-10 16:25  

**Review time:** 1 Hour  

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<th>Scientific quality</th>
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<th>[ ] Grade B: Very good</th>
<th>[ ] Grade C: Good</th>
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<td>Language quality</td>
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<td>Conclusion</td>
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SPECIFIC COMMENTS TO AUTHORS
Very coherent, nice to read.
Name of journal: World Journal of Clinical Cases
Manuscript NO: 73199
Title: Multiple stress fractures of unilateral femur: A case report and literature review
Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed
Peer-review model: Single blind
Reviewer’s code: 03516088
Position: Editorial Board
Academic degree: MD
Professional title: Professor, Reader (Associate Professor)
Reviewer’s Country/Territory: Italy
Author’s Country/Territory: China
Manuscript submission date: 2021-12-10
Reviewer chosen by: AI Technique
Reviewer accepted review: 2022-01-03 11:50
Reviewer performed review: 2022-01-04 17:21
Review time: 1 Day and 5 Hours

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Peer-reviewer Peer-Review: Y Anonymous | No
SPECIFIC COMMENTS TO AUTHORS

Dear Sir/Madame, thank you very much for asking me to review the paper titled “Multiple stress fractures of unilateral femur: A case report and literature review”, submitted for publication in the World Journal of Clinical Cases (manuscript NO: 73199).

My opinion is that the manuscript is of interest in its field; the abstract is complete and the paper is clearly written in proper English. The Authors discuss the paper’s scientific significance and the relevance to clinical practice sufficiently. Clinical case is well presented and described and without apparent errors of fact or logic. Nevertheless the content of the manuscript and its clarity may be improved, to identify surely as “stress fractures” the lesions reported. I strongly suggest to add, among figures, the radiological findings of the proximal femur obtained by CT; also the report by the radiologist would be very appreciated. Furthermore, the pathological features from intraoperative samples of the femoral neck, and the report by the pathologist, would be of great help. In conclusion, my recommendation is that the paper should be not accepted as it is, but that with minor correction it will be ok. Kindest Regards.
Name of journal: World Journal of Clinical Cases

Manuscript NO: 73199

Title: Multiple stress fractures of unilateral femur: A case report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 03071706

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer’s Country/Territory: Taiwan

Author’s Country/Territory: China

Manuscript submission date: 2021-12-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-31 05:12

Reviewer performed review: 2022-01-09 16:16

Review time: 9 Days and 11 Hours

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SPECIFIC COMMENTS TO AUTHORS
This is an interesting case report with concurrent femoral neck and proximal femoral fracture. There are several issues that should be revealed as below: Q1: There are many published predisposing factors associated with a stress fracture. Although the authors state blood biochemistry and Urinalysis were normal, there is no detailed data about Calcium, vitamin D level, bone density, or iPTH level. Please provide these detailed biochemistry data. (Ref. 1) Q2 : Theoretically, coxa vara substantially modifies the biomechanical conditions of the femoral neck, increasing the effect of direct muscle pull and leading to fatigue of opposing muscle groups; such modifications would appear to favor the appearance of stress fractures. There is no long-standing scanography to reveal the true femoral neck-shaft angle and deformity of coxa vara deformity. Body height and BMI have also been related the lower limb deformity. Would the authors provide these body structure parameters? (Ref. 2,3) Q3. THA with a long stem was chosen in this concurrent femoral neck and proximal femoral fracture. However, hemiarthroplasty will be preferred if there is no acetabular wearing in this case. Would you explain the reason for THA rather than hemiarthroplasty? Ref. 1. Multiple fractures in a 22-year-old man after a simple fall. Journal of Surgical Case Reports, Volume 2015, Issue 10, October 2015, rjv117,https://doi.org/10.1093/jscr/rjv117. 2. Osteomalacia and coxa vara. An unusual co-existence for femoral neck stress fracture. October 2015. International Journal of Surgery Case Reports 16(C):137-140. DOI: 10.1016/j.ijscr.2015.09.034. 3. Bilateral Femoral Neck Stress Fracture in an Obese Middle-Aged Female With Osteomalacia and Coxa-Vara Managed by Simultaneous Bilateral Total Hip Arthroplasty. Cureus 12(11): e11478. November 13,(2020). Doi:10.7759/cureus.11478.