



ESPS Peer-review Report

Name of Journal: World Journal of Orthopedics

ESPS Manuscript NO: 9291

Title: Management of proximal humerus fractures in adults

Reviewer code: 00501337

Science editor: Huan-Huan Zhai

Date sent for review: 2014-02-08 10:32

Date reviewed: 2014-02-09 18:43

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The present manuscript is giving a nice overview concerning the management of fractures of the humerus. Nice review, good language. Only a minor revision is necessary before the paper can be considered for publication. In detail: consider "Operative treatment" as section headline instead of reconstruction alone. Proximal humerus plates are recommended in pathologic plates. In our own experience, nails have the advantage of being less invasive to the soft tissue which is important in those patients as they require a radiation therapy after the wound healing. Therefore, it seems important to reduce the possible soft tissue damage if possible. The authors may further mention their favourite surgical technique in detail. As they are experts in this field, it might be interesting for the reader, especially if they might add some tips and tricks. Two important issues might also be addressed by the authors. 1. A very important question is the best treatment in borderline fractures with a high risk of osteonecrosis. Should a reconstruction be performed even if the risk of screw penetration or avascular necrosis is high? This would have the advantage to have anatomically placed tubercula for the secondary implantation of the prosthesis which is so important for the outcome. OR would the authors recommend a fracture prosthesis in those cases. Which will lead to a poor outcome, if the tubercula do not heal adequately. Please comment on that in the paper. 2. A very important question is the treatment in old patients. In the reviewer's experience, it seems a very good alternative to use a reverse shoulder prosthesis in a significant amount of those patients. The authors should give a clear statement concerning this alternative. In the description of replacement surgery, a nice overview is given about the potential treatment options. However, comparable to the reconstruction section, more information about the author's technique and



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treatment algorithm would highly strengthen the paper. Perhaps the authors can add a flip chart about their personal treatment algorithm and how they decide the treatment. This seems important for the reader as authors are invited for this review as experts in this field. For example how to they assess correct height of the prosthesis during implantation. Is it in their experience of advantage to use modular implants to have the option to convert to reverse total shoulder?



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Name of Journal: World Journal of Orthopedics

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Dear Authors: I read with interest your interesting metanalysis review for management of the proximal humeral fractures in adults. As a reader I would be interested to have a short section on different classifications used by orthopedician to classify these types of fractures e.g. Neer and newly described Decimal 4 parts classification. You listed in your conclusion that Good outcomes require detailed fracture evaluation with escape of this point in your early discussion. I will be easier for the reader to find a short summary at each subtitle specifying the best patients fitting this treatment option. You mentioned in your conclusion "a multi-disciplinary team approach with experienced musculoskeletal radiologists, geriatricians and specialized physiotherapists for optimal rehabilitation". As a Radiologist, I did not find any paragraph discussing the role of radiology in diagnosing and classification of proximal humeral fracture as well as post-surgical evaluation. I think adding such section will be important for the palatability of manuscript for non-orthopedic readers. Also some typographic problems are shown in my copy that needs some attention as most words lack spacing. Otherwise, the manuscript provided good knowledge of the available options of treating proximal humeral fractures. I hope that my comments help to enrich the manuscript.

Reviewer