

Review Form 3

Journal Name:	Asian Journal of Pediatric Research
Manuscript Number:	Ms_AJPR_123314
Title of the Manuscript:	Chronic Pain in a Pediatric Patient: Case Report and Literature Review of chronic pain management and osteomyelitis
Type of the Article	

General guidelines for the Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guidelines for the Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

Compulsory REVISION comments	Reviewer's comment	Author's Feedback <i>(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Please write a few sentences regarding the importance of this manuscript for the scientific community. Why do you like (or dislike) this manuscript? A minimum of 3-4 sentences may be required for this part.		
Is the title of the article suitable? (If not please suggest an alternative title)		
Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.		
Are subsections and structure of the manuscript appropriate?		
Please write a few sentences regarding the scientific correctness of this manuscript. Why do you think that this manuscript is scientifically robust and technically sound? A minimum of 3-4 sentences may be required for this part.		
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.		

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<p>Minor REVISION comments</p> <p>Is the language/English quality of the article suitable for scholarly communications?</p>		
<p><u>Optional/General</u> comments</p>	<p>In order for this article to be published and attract the attention of readers to be cited, changes and additions must be made.</p> <p>I suggest; Title</p> <p>1. Subacute femoral neck osteomyelitis with torpid evolution and undiagnosed at the onset: chronic pain and pathological bone fracture. Case studies.</p> <p>Additions:</p> <p>2. Definition of acute osteomyelitis and 3. Spontaneous evolution if the condition is not diagnosed and treated at the onset, data adapted to the presented case. References are also mentioned. Exemple:</p> <p>Acute osteomyelitis develops within two weeks after disease onset, subacute osteomyelitis within one to several months and chronic osteomyelitis after a few months. Because osteomyelitis is a complex disease state, various classification systems have emerged beyond the general categories of acute, subacute and chronic.</p> <p>Subacute osteomyelitis, if not adequately treated, can progress to chronic osteomyelitis. However, with appropriate and adequate treatment, the infection is usually eradicated and symptoms resolve. In rare circumstances, growth disturbances may occur. Ceroni et al did not identify any growth disturbances in their series, though follow-up duration was limited to an average of 34 months with 6 children having less than 2 years follow up. (Ceroni, 2014) Gonzalez-Lopez et al only identified one patient, out of 21, with a growth deformity, resulting in a 1.5-centimeter limb length difference due to growth stimulation (Gonzalez-Lopez, 2001). The risk of growth disturbance may be associated with aggressive curettage in the juxtaphyseal metaphysis. While the literature lacks an aggregate rate of growth complications, the young physis appears to be resilient with rare reports of growth disturbance despite a substantial incidence of radiographic violation of the physis. (Subacute Osteomyelitis Pediatric Orthopaedic Society of North ... - POSNA)</p> <p>Subacute osteomyelitis, defined by King and Mayo as an osseous infection with a duration of more than two weeks without acute symptomatology, is a less common entity than acute hematogenous osteomyelitis. (King DM, Mayo KM. Subacute haematogenous osteomyelitis. J Bone Joint Surg Br. 1969 Aug;51(3):458-63.)</p>	

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	<p>The same is done for 4.Pathological bone fractures in osteomyelitis, 5 Impending pseudarthrosis after fracture that heals after healing of infection, and 6. Chronic pain maintained by torpid infection and pseudarthrosis.</p> <p>The additions mentioned can be solved in 40-60 minutes and the content will correspond to the title. The reader will receive clearly applicable information for a possible case that he will have in treatment. I suggest a short article that I published recently: Burnei G. Eradication of chronic osteomyelitis in Romania. Retrospective analysis with practical applicability. International Journal of Medical Dentistry. 2023; 27(1): 151-3</p>	
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PART 2:

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

Reviewer Details:

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