

## Review Form 1.6

Journal Name:	<a href="#">Asian Journal of Orthopaedic Research</a>
Manuscript Number:	Ms_AJORR_69285
Title of the Manuscript:	EXPERIENCE OF DUAL PLATING IN DISTAL FEMUR FRACTURES
Type of the Article	Review Article

### **General guideline for 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 guideline for Peer Review process, reviewers are requested to visit this link:

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**PART 1: Review Comments**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (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)
<b>Compulsory</b> REVISION comments	<p><b>Introduction: 1-</b> “About 50% of distal intraarticular fractures are open<sup>1</sup>” – this affirmation must be checked again, because it is not true that half of distal femoral fractures are open.</p> <p><sup>2-</sup> “Single lateral plating of the distal femur fractures have high failure rates<sup>9</sup>“. The affirmation is false. The authors of the cited study (9) state that single lateral plating was often found to have a relative higher failure rate comparing to duple plating witch is a different thing.</p> <p><b>Method- 1</b> – What is the protocol in grade II open fractures? Do you use dual plating in such cases from the beginning, especially with dual incision? How do you evaluate the risks of infection or wound necrosis in such cases?</p> <p><b>Results</b> – “There were no varus or valgus deformity seen in our study” – how did you evaluate that? Did you perform long leg standing radiographs?</p> <p><b>Discussion</b> – there are no discussions about possible wound problems when thinking that patients may need total knee arthroplasty in the future. And what about lateral parapattelar approach witch can pose difficulties during arthroplasty? There are no discussions about mini-invasive approaches as an option for the dual incision.</p> <p>The discussion must include some commentary about wound healing, infections, blood loss, ROM, Knee Society Scores comparing to one plate studies.</p> <p>This chapter must summarize the author results and compare them to other studies results. What are the results and problems in single plate studies?</p> <p>The cases must be presented in the Results part of the manuscript.</p> <p><b>Conclusion</b> – “The patient should be switched to Continuous Passive Motion (CPM) machine as soon as it is realized that no further flexion is being carried out by the patient” – this is not really true, because the additional movement in stiff knee cases may be achieved only with active motion and not by passive means!</p>	
<b>Minor</b> REVISION comments	<p>This is not a case report so may be consider to cut some cases from the presentation, taking into account that the article is having 23 pages.</p>	
<b>Optional/General</b> comments	<p>Congrates for the results!</p>	

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**PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (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)
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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