Author's response to reviews

Title: Minimally invasive plate osteosynthesis with a Locking Compression Plate is superior to open reduction and internal fixation in the management of the proximal humerus fractures

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Author's response to reviews: see over
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**Answer Frankie’s questions.**

The fractures are mixed group. AO classification was used with little explanation. Proximal humerus fractures: Do they include 3-part 4-part fractures?

Thank you for your question to point out the lack of research. They include 3-part 4-part fractures in both groups, results this article has certain defects. We have checked and made some changes in the background and conclusion. We have further modificate and touched this article up a little.
**Answer Raju’s questions.**

Thank you for your question to point out the lack of research. We have checked and made some changes in the background and conclusion. We have further modificate and touched this article up a little.

1. **Why the length of stay in both groups was so long (6.8 v/s 7.7 in MIPO and ORIF groups)?**

   The need to stay in the hospital will be determined according to the extent of the operative procedure and general health, for a minimum of three to four days. Because of Chinese medical environment, sometimes in response to patient demand, and they discharged after remove stitches about two weeks.

2. **Why the rate of union was inferior (93%) in MIPO group compared to ORIF group (97.7%)?**

   In the introduction (Background), the authors have mentioned increase risk of axillary nerve damage as and advantage of MIPO technique, which is obviously a wrong statement.

   There were several relate factors. Firstly, in the MIPO group, following the operation wound healing was faster, and with little scaring. As a consequence patients prefer early exercise, relatively early full weight bearing and perform functional exercise which may lead to
delayed healing. Secondly, They include 3-part 4-part fractures in both groups. However, closed reductions of comminuted or severely displaced fractures are difficult to achieve and to maintain, so as to make the fracture fixed not strongly. So a low rate of union in the MIPO group, this is not incompatible with Advantage the MIPO technique mentioned in the introduction (Background).