Reviewer's report

Title: Unilateral, complex (four part), diaphyseal fracture of the radius with ipsilateral mid-shaft ulna fracture in an adult: a case report

Version: 1 Date: 14 June 2010

Reviewer: Manasseh Nithyananth

Which of the following following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

General comments.

This type of fracture has been described as trifocal fracture previously. This can be mentioned in the title/text.

Abstract need to be modified to include patient details under the heading case presentation. Conclusion (in abstract) has two sentences which are almost identical.

Revision necessary before publication.

Introduction
One case report of trifocal ulna fracture in a child has been published before.

Case report

Mention should be made about careful soft tissue handling especially while open reducing a trifocal fracture. Was 1 mm compression applied with DCPs at any of the fracture sites? It is mentioned that 14 holed DCP was used for the proximal three radius fracture. In the radiographs the DCP appears as 9 holed one.

The follow up presentation in four paragraphs can be made more concise.

Discussion

Paragraph 5

Prebent Intramedullary nails with interlocking, provide rotational stability. Hence it is difficult to say that intramedullary nail will cause malunion / non union. Of course there are many problems in nailing a trifocal fracture.

Recommendation of bone grafting for comminuted fractures is controversial. Preservation of vascularity of the fragments, usually obviates the need for bone grafting.

Will the authors recommend removal of plates? It is a well known fact, that the use of DCPs cause stress shielding. Can the patient have another fracture between the plates should another episode of trauma occur? Is there a role for Locked Compression plates in this injury?

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**

I declare that I have no competing interests.