Reviewer's report

Title: Delayed surgical treatment for a traumatic bilateral cervical facet joint dislocation using a posterior-anterior approach

Version: 2 Date: 16 September 2012

Reviewer: Tetsuhiro Ishikawa

Which of the following 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?: No

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?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

General comments

This paper reported the experience of an old bilateral cervical facet joint dislocation fracture, treated by posterior-anterior reduction and fixation surgery. The case is rare, and the experience of delays in diagnosis might be helpful for other surgeons. As the authors described in the paper, the treatment for old cervical facet joint dislocation is still controversial so that this case report is significant. This manuscript is well written, but several problems are included.

Revisions necessary for publication

1. In the second paragraph in the introduction section, the authors mentioned that an injury is considered as old when the interval between the accident and
correct diagnosis is longer than 3 weeks. Is there a clear consensus about this definition?

2. In the first paragraph in the case presentation section, the authors mentioned as follows:

“A 76-year-old man experienced a motor traffic accident. He presented with neck pain and arm pain of the right side. Motor weakness or paralysis was not observed.”

The author should provide precise description about his neurological findings, even if the patient did not have severe neurological deficit. For example, which part of neck the patient hurt, or the distribution of arm pain. Is that C7 area?

3. Postoperative C5 palsy is a common complication after cervical spine decompression surgery. Were there any reports about the relationship with delays in diagnosis?

We recommend that the paper undertake minor revision before acceptance to the Journal of Medical Case Report.

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests.