Dear Editor,

Thank you for the helpful comments from you and the reviewers regarding our manuscript titled “Implantation of Intertan for the intertrochanteric fracture: Pitfalls and Recommendations- A case series” by Jiang Yong, Li Jie, Hassan H. Dib, Li Yuan-Cheng. We greatly appreciate the comments and the suggestions from you and the two referees, which helped us a lot to improve the quality of our manuscript. After considering all the questions and the suggestions raised by you and the reviewers, we have made major changes for this manuscript. We hope this manuscript would be reconsidered and eventually meet the level of quality...
needed for publication in your journal.

Response to reviewer # 1 (Dr Ibrahim Azboy):

We here express our sincere thanks for the reviewers’ valuable comments

1 “Define the second entry position for nail insertion. Generally in the two entry position becomes a large one entry. Did you observed this in this case”
Response: We followed this constructive advice and described the implantation strategy according to the anatomical specificity in figure legends 1. Furthermore, the proximal femoral fracture is stable with the achievement of proximal and distal locking despite of the bone loss of the proximal femur that is caused by the shift of the entry point.

2 “Line 3. “We opened the proximal femur and inserted a 12.5mm entry reamer to the lesser trochanter.” It should be changed with “grater trochanter”
Response: We have revised the term according to the advice from the reviewers.

3 “Case3. Why did you observed the iatrogenic fracture?. Define the reason”
Response: We are sorry for missing this important content. Information is added as the following “When the final x-ray test was taken to confirm the position, iatrogenic fractures of the distal femur was observed. The original short TRIGEN Intertan nail and the capturing locking screw was removed. After then, a long Intertan nail was implanted to fix the iatrogenic fracture”.

4 “Case 4. Line 4: “pin” should be changed with “nail”. When fracture was observed. The sentences should be re-ordered. The solution for fracture should be stated”
Response: Thanks for the reviewer’s careful check. The solution for iatrogenic fracture has been complemented in the revised version.

5 “Line 3. From the inception of dynamic hip screw (DHS), such fixtures have become the gold standard for the treatment of intertrochanteric fractures[5-7]. After this statement you should argue the indication of intramedullary nails. The superiorities and inferiorities”
Response: We appreciated this constructive suggestion and discussed the indication of intramedullary nails, the superiorities and inferiorities.

Response to reviewer # 2 (Dr Rehan Haq):

1 “Design of the nail to be discussed in detail.”
Response: We appreciate the referee for these valuable comments. Information about the design of the Intertan is complemented in the revised version.

2 “case 1: In a stable 31 A 1.3 fracture in short obese patient what was the need to use an intramedullary device. A DHS could have been used”
Response: Thanks for reviewer’s comments. For the axial biomechanical advantages of intramedullary nail, intramedullary fixation implants are preferred in our hospital. DHS is of course suitable for these stable intertrochanteric
fractures.

3 “case 2,3,4 could the fracture had been avoided if other implant like PFNA2 were used which is specifically designed for the asian femora.”

Response: We agree with the reviewer’s opinion. PFNA2 is specifically designed for Asians and it has better geometric match with Asian femur. For the unique integrated, interlocking screw constructs, TRIGEN INTERTAN nail provides all the benefits of a traditional antegrade intramedullary nail surgical approach, while also increasing stability and resistance to intraoperative and post-operative femoral head rotation. Furthermore, The Intertan compression screw is always against the nail so medial migration is impossible, eliminating the Z-effect. For the above reasons, we had adjusted the implanting strategy without changing to the PFNA2 or thinner nail.

In summary, we have made major modifications in the revised version of the manuscript which are based on the comments from the reviewers and the Chief Editor, which makes the revised version of the manuscript much clearer. We here express again our sincere thanks to you and the reviewers for your time, effort and great input!

Sincerely,
Yuancheng Li
Professor of Orthopaedics