Author's response to reviews

Title: Treatment of pelvic fractures through a less invasive ilioinguinal approach combined with a minimally invasive posterior approach

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Author's response to reviews: see over
Dear Ms Ma. Luz De Guzman,

Thank you for your letter and for the reviewers’ comments concerning our manuscript entitled “Treatment of unstable pelvic fractures through a less invasive ilioinguinal approach combined with minimally invasive posterior approach”. Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made some changes which we hope meet with approval. Revised portions are underlined in the paper.

The main corrections in the paper and the responds to the reviewer’s comments are as following:

Reviewer Georg Osterhoff

1. General comments

The second version of this manuscript shows much improvement. There are only few concerns left that I have summarized as MINOR ESSENTIAL REVISIONS below.

I think after addressing these, the submitted study will be well suited for publication in BMC Musculoskeletal Disorders.

Response: Thank you for the comments on the paper. I have revised the manuscript as suggested. We hope that the correction will meet with approval.

2. Specific comments

2.1. Title

OK

2.2. Abstract
3. Background

3.1 p 4, l 64: “We hypothesised that complications caused by surgical dissection would be reduced and fractures reduced and fixed when using this approach”:

Rewrite.

Response: Thank you. I have rewritten this sentence as “We hypothesised that complications caused by surgical dissection would be reduced when using this approach.”

4. Materials and Methods

4.1 p 7, l 138: “sterilising”: Sorry again, but skin can only be disinfected or prepped, not sterilized (i.e. the absence of any microorganisms)

Response: I have replaced "sterilising" with "disinfecting" in the manuscript.

4.2 p 7, l 146: “Medtronic” not “Medontic”.

Response: I have followed the suggestion in the manuscript.

4.3 p 8, l 158: Four weeks of bedrest is quite long when compared to the literature. Please discuss the rationale of this postoperative algorithm in the discussion section.

Response: The posterior pelvic fixation in the current study was not so solid as the iliosacral screw fixation or lumbopelvic fixation. As a result, the patients
were encouraged to stay in bed and participate in functional exercise for 4 weeks, which is long when compared to the literature. We have added this part to the discussion section.

5. Results

5.1 p 8, l 172: How did you measure reduction? At the posterior ring? At the anterior ring? Vertical or rotational displacement? How was “anatomical” reduction defined?

Response: The quality of anterior pelvic ring fracture reduction was expressed as anatomic (0-1 mm displacement), satisfactory (2-3 mm displacement), or unsatisfactory (> 3 mm displacement) according to the criteria of Matta. For posterior fractures, the radiographic results were graded by the maximal residual displacement in the posterior injury to the pelvic ring. The reduction was excellent when anterior-posterior translation or vertical displacement was < 5 mm. Excellent (but not anatomical) reduction was obtained for 33 (89.2%) sacral fractures. We added this part in the manuscript.

Special thanks to you for your good comments.
Reviewer: Daniel Balbachevsky

Minor Essential Revisions

line 57: stablise = stabilize

**Response**: I have followed the suggestion in the manuscript.

line 59: I'd suggest "internal fixation" instead of "open fixation"

**Response**: I have followed the suggestion in the manuscript.

line 68: stablise = stabilize

**Response**: I have followed the suggestion in the manuscript.

line 91: I believe the reduction was done in a closed manner. So I'd suggest to modify the term "open fixation"

**Response**: I have deleted "open" in the manuscript.

line 138: "sterilising" seems inadequate for the patient

**Response**: I have replaced "sterilising" with "disinfecting" in the manuscript.

line 155: I'd suggest "possible infection" instead of "probable infection"

**Response**: I have followed the suggestion in the manuscript.

line 267-270: Acetabular both column fractures are not the aim of this approach!
So I'd suggest to eliminate this part.

**Response:** I have deleted this part in the manuscript.

line 274: we = We

**Response:** I have followed the suggestion in the manuscript.

line 279: stablisation = stabilization

**Response:** I have followed the suggestion in the manuscript.
EDITORIAL REQUESTS:

-Acknowledgements: We strongly encourage you to include an Acknowledgements section between the Authors contributions section and Reference list. Please acknowledge anyone who contributed towards the study by making substantial contributions to conception, design, acquisition of data, or analysis and interpretation of data, or who was involved in drafting the manuscript or revising it critically for important intellectual content, but who does not meet the criteria for authorship. Please also include their source(s) of funding. Please also acknowledge anyone who contributed materials essential for the study.

Authors should obtain permission to acknowledge from all those mentioned in the Acknowledgements. Please list the source(s) of funding for the study, for each author, and for the manuscript preparation in the acknowledgements section. Authors must describe the role of the funding body, if any, in study design; in the collection, analysis, and interpretation of data; in the writing of the manuscript; and in the decision to submit the manuscript for publication.

-We recommend that you copyedit the paper to improve the style of written English. If this is not possible, you may need to use a professional language editing service. For authors who wish to have the language in their manuscript edited by a native-English speaker with scientific expertise, BioMed Central recommends Edanz (www.edanzediting.com/bmc1). BioMed Central has negotiated a 10% discount to the fee charged to BioMed Central authors by Edanz. Use of an editing service is neither a requirement nor a guarantee of acceptance for publication. For more information,
see our FAQ on language editing services at http://www.biomedcentral.com/authors/authorfaq/editing.

-Please use initials (LZ, AC etc) rather than surnames in the Author Contributions section.

Response: Thank you. We have made some changes in the title page and added the Acknowledgements section in the manuscript and rewritten the Authors contributions section. According to your suggestions, we have edited the manuscript with the help of Edanz in the first resubmission. We are also willing to improve the written English again if necessary.

We tried our best to improve the manuscript and made some changes in the manuscript. We appreciate for your warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.