Reviewer's report

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

Version: 2
Date: 13 January 2015

Reviewer: Daniel Balbachevsky

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Major Compulsory Revisions
- line 60 and 71:
It's necessary to revise the text that mention that anterior ring and pubic ramii fractures are generally treated by the full ilioinguinal approach.
Letournel's ilioinguinal approach is rarely necessary for superior ramii fractures, they can be done only the 3rd window sometimes associated with 2nd; a Pfannenstiel or a Stoppa approach; or even percutaneous screws.

- line 87:
Inclusion criteria is not clear. I'd suggest to consider including specific sacral fractures - comminuted fractures, sacral dimorphism, inadequate intra-operative images (obese patients, bad quality fluoroscopy), because in regular conditions sacral fractures still seems to be more adequately treated by percutaneous screws.
Since the study is already done, it looks to be important to specify the best indications for this technique.

Minor Essential Revisions
- line 139:
It's not clear what is considered a "large separation or displacement" after the anterior plating, to indicate a posterior fixation.
The indication of posterior fixation should be done after the fracture classification (type C fractures).

- line 157:
The postoperative treatment should be more detailed - time of antibiotics, anticoagulants, weight bearing program.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published
Statistical review: No, the manuscript does not need to be seen by a statistician.