Reviewer’s report

Title: Locking Compression Plate distal ulna hook plate fixation Versus Intramedullary Screw fixation for displaced avulsion Fifth Metatarsal Base Fractures: a comparative retrospective cohort study

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Reviewer: Ali Al Kaissi

Reviewer's report:

Authors compared the results of fixations by means of (LCP) versus (FMBFs) in 18 patients. All their patients were assessed clinically through age, gender and smoking and these indices were considered BY THE AUTHORS as the baseline characteristics!! In practice this is a short sighted and limited strategy. Assessment of results is a complex process and correlates to a long list of baseline characteristics. The latter is based on the clinical phenotype of each patient. Its a mistake to throw all patients in one basket. The prognostication of fractures and the applied intervention and subsequently the results depends heavily on each patient’s clinical phenotype and subsequently the baseline tool is the aetiology understanding. If the latter is missing, then, all the results are misleading and are non-contributary. Orthopedics is now strongly correlated to an extremely long lists of aetiology understandings, such as intrinsic bone disorders (osteogenic), myogeneic, neurogenic, metabolic and miscellaneous groups of disorders. None of these mentioned strategies were applied by the authors. The question is; Are we allowed to intervene in patients with deformities on segmental bases? Or we need to explore patients as a whole in order to understand the underlying pathology and to assess the results on strong bases?

Are the methods appropriate and well described?
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