Author’s response to reviews

Title: Locking plate for treatment of traumatic sternoclavicular joint dislocation: a case series

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Author’s response to reviews:

Reviewer 1:

General comments

1. The surgical methods are lacking especially in dealing with drilling of the medial clavicle and the manubrium sterni. The underneath structures are very dangerous. What are the precautions they did to avoid iatrogenic injuries of these structures?

Page 5 Line 2-9 have been introduced the precaution for avoid iatrogenic injuries (First the medial clavicle was performed with a short drill for protection of the vascular structures (subclavian artery and vein). Bicortical locking screws were used for maintain the reduction of the SCJ. Then the anterior cortex of sternum was drilled carefully, unicortical locking screws were used)

No change
2. Did they use any maneuver during reduction of the dislocations or they depended on the forceps only?

The injured upper limb was tracted when shoulder abduction for about 90 degree.
So I will add these contents.

Page 5 Line 17: The injured upper limb was tracted when shoulder abduction for about 90 degree.

3 Which type of sutures they used to repair the ligaments and capsule? Did they knot the suture before plating or after plating?

We use non-absorbable suture to repair the ligaments and capsule before plating. So I will add these contents.

Page 5 Line 21 Non-absorbable Suture was used for the dissected ligament and capsule before plating

4. Why did they remove the plate so early? Three months are not enough for healing of such a joint dislocation !!! The fear of expected loosening or break of screws are overestimated !!! There is no harm of a loose plate after 6 months or a broken screw within a bone even in these areas. Implant mediastinal migration was recorded for KWs fixation or single screw fixation in these areas !!

I am very sorry for my mistake for the expressiong about the time of removal plate. All the patients removed the plate 6 months after surgery. So I have to change the content.

Page 5 Line 44 plates were removed after 6 months ..... 

Page 5 Line 56 had secondary operation for removing plate 6 months postoperatively
5. Absence of statistical analysis is a big defect in the manuscript. In spite of only five cases many statistical comparisons can be done among them especially in their clinical evaluation scores

No change

No change

6. The manuscript had many grammatical and improper sentence meaning in many paragraphs like lines 58-60 in page 6, lines 27-29 in page 7, and line 41-48 in page 7. The manuscript must be revised by a native English language speaker

OK

The manuscript has been revised by a native English language speaker. The revised contents is marked by red colour word.

Reviewer 2:

1 Surgical procedure needs more elaboration, particularly the "Incision" (both superficial and deep)

OK, I will add the content about the surgical procedure.

Page 4 Line 52-56 The skin and subcutaneous tissues are dissected, the platysma is incised and elevated as a separate layer with the incision if possible. The periosteum of medial clavicle is reflected superiorly and inferiorly, then identify the injured ligaments of the SCJ.

2 Soft tissue reconstruction i.e. Ligament complex and capsule should be described well
OK, I have described the Soft tissue reconstruction in the Page 4 line 60 and page 5 line 21, so no change

No change

3 Page 8, Line 44 what does the author mean by the word "thrilled"?

I am very sorry for my mistake for spelling mistake. I will use “drilled” to replace “thrilled”

Page 8, Line 44 drilled........

4 How do you justify "second procedure at 3 months" for each patient despite variables?

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Page 5 Line 44 plates were removed after 6 months ..... Page 5 Line 56 had secondary operation for removing plate 6 months postoperatively

5 Two different implants (Locking plates) are being used by the author, as shown in clinical photographs. How can the two different plates be evaluated in the given study?

Thank you very much for your question. Two different locking plates are common implants which are both 3.5mm locking plates. So I think it will not effect the clinical results.

No change