

Review Form 1.6

Journal Name:	Archives of Current Research International
Manuscript Number:	Ms_ACRI_87612
Title of the Manuscript:	Management of Bosworth fracture: Case Report and Literature Review
Type of the Article	Case study

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<https://www.journalacri.com/index.php/ACRI/editorial-policy>)

PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
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Compulsory REVISION comments	<p>Going through this manuscript, the author has to revise his manuscript before final publication in the journal. The following consideration have to be met:</p> <ol style="list-style-type: none"> 1. In the current orthopedic literature, not only is this fracture pattern rare, but this type of fracture-dislocation has also been reported to be near impossible to close reduce, with the majority requiring early open reduction and internal fixation to prevent complications and poor clinical outcomes. And the author presents a case of Bosworth fracture which was surgically managed. What are the purposes of this case report? The author is required to include these considerations in his manuscript. 2. The definition the author has given to the Bosworth fracture is not exact and seems incomplete. Refer to the following paper and rectify the definition. The Bosworth fracture is defined as a bimalleolar fracture-dislocation of the ankle, with entrapment of the fibula behind the posterior tubercle of the distal tibia. Fan J, Michelin R M, Jenkins R, et al. (January 12, 2020) A Novel Technique for a Successful Closed Reduction of a Bosworth Fracture-Dislocation of the Ankle. Cureus 12(1): e6632. DOI 10.7759/cureus.6632 [Available: https://assets.cureus.com/uploads/case_report/pdf/26403/1612429599-1612429592-20210204-18590-jq725b.pdf] 3. The following newest paper must be included in the manuscript: Ji W-B, Xu Y-F and Lu Z (2022) Case Report: Bosworth Fracture-Dislocation managed by Closed Reduction and Conservative Treatment. Front. Surg. 8:788575. doi: 10.3389/fsurg.2021.78857 4. The author has to talk about Ankle arthroscopy in treatment of Bosworth fracture as the minimally invasive surgery is taking over conventional open surgery. Refer to the following paper D Saraiva , R Pereira , A Sarmento , R Lemos , X M Oliva . Ankle arthroscopy in treatment of Bosworth fracture. Acta Ortop Mex Sep-Oct 2016;30(5):251-255. 5. Providing the references in correct style with accurate bibliographic details is authors' responsibility. Editor has the full right to reject the manuscript on technical grounds if the references are wrong or it may be sent back to the author for correction thus increasing manuscript processing time. The author is required to correct references 4 and 9. The reference must include the following: Authors (use et al. after 6 authors, if there are more than six authors, complete names should not be written. "et al" must be in italics); Article title (should be exact as existing); Journal name (should be in standard PubMed abbreviations, full journal name should not be written); Year; Volume; Page numbers (445-447 to be written as 445-47). See an example: Singh JK, Bawa M, Kanjira RP, Ghai B, Menon P, Rao KL. Idiopathic simultaneous intussusceptions in a neonate. Pediatr Surg Int 2009; 25:445-7. 	<p>1. Considering the rarity of this fracture pattern which is not adequately covered in most medical literature, the purpose of the case report is to offer more information as regards its presentation and management. This has been included in the manuscript.</p> <p>2. Bosworth fracture according to available information as first described by David Bosworth in 1947 is "a distal fibular fracture with a posterior dislocation of its proximal component behind the posterior tibia tubercule" which is very similar to our case study. It doesn't in any way pay cognisance to it being a bimalleolar fracture in its definition. A bimalleolar fracture however is termed a "Potts fracture" which is classical to its name. This case study does not make reference to a Potts fracture.</p> <p>3. The study has been included.</p> <p>4. Now the definition in this study is same with our study and not bimalleolar fracture. Thanks. Noted.</p> <p>5. It's being corrected.</p>
Minor REVISION comments	NONE	
Optional/General comments	NONE	

PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	(If yes, Kindly please write down the ethical issues here in details)	Nil