

REVIEWER'S REPORT

Manuscript No.: IJAR-53740

Date: 09/09/2025

Title: *Functional and Radiological Outcome of Femoral Neck System in Treatment of Femoral Neck Fractures in Young Adults*

Recommendation:

- Accept as it is
- ✓ Accept after minor revision.....
- Accept after major revision
- Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality		✓		
Clarity		✓		
Significance		✓		

Reviewer Name: Dr. S. K. Nath

Date: 10/09/2025

Reviewer's Comment for Publication:

The study concludes that the Femoral Neck System offers a promising alternative for the fixation of femoral neck fractures in young adults, with advantages including enhanced biomechanical stability and early mobilization. The low complication rate and successful union times support its use. Nevertheless, larger, multicenter studies with longer follow-up durations are necessary to establish definitive recommendations.

Reviewer's Comment / Report

Strengths

- **Focused Population:** The study targets young adults (18-50 years), an important demographic with specific biomechanical and healing characteristics.
- **Prospective Design:** Enhances reliability of outcomes with systematic follow-up.
- **Outcome Measures:** Utilizes validated scoring systems like the Harris Hip Score (HHS) and Visual Analog Scale (VAS), alongside radiological assessments.
- **Detailed Surgical Protocol:** Explains the surgical technique and implant specifics, aiding reproducibility.
- **Promising Results:** Demonstrates good functional recovery, early fracture union (~14.4 weeks), and low complication rates, supporting the efficacy of the Femoral Neck System (FNS).

Weaknesses

- **Limited Sample Size:** Only 20 patients, which reduces statistical power and limits generalizability.
- **Short Follow-up Period:** One-year follow-up may not be sufficient to evaluate long-term complications such as late avascular necrosis or hardware failure.
- **Absence of Control Group:** No comparative subgroup (e.g., traditional fixation methods) to benchmark FNS effectiveness.
- **Population Bias:** Predominantly young, male patients with high-energy trauma; results might not be extrapolated to other populations.
- **Potential Biases:** Single-center study design could introduce institutional bias; no mention of blinding or inter-observer variability.
- **Limited Data on Some Outcomes:** Details on femoral neck shortening and long-term functional implications are sparse.
- **Typographical/Grammatical Issues:** Minor language issues are present that need correction.

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Suggestions for Improvement

1. **Expand the Sample Size and Follow-Up:** Incorporating more patients and extending follow-up to 2+ years can provide more robust data on long-term outcomes.
2. **Include a Control Group:** Comparing FNS outcomes directly with conventional fixation methods would strengthen the validity of claims.
3. **Address Population Diversity:** Future studies should include varied demographics, including females and older patients, to enhance applicability.
4. **Clarify Radiological and Functional Data:** Providing detailed statistics on femoral neck shortening and long-term function could improve depth.
5. **Statistical Analysis:** Including power analysis and confidence intervals would improve the scientific rigor.
6. **Discuss Limitations Clearly:** Explicitly mentioning the limitations within the paper will improve transparency.
7. **Proofreading & Language Editing:** Address minor grammatical and typographical errors for clarity.

Specific Language and Typographical Corrections

- Correct minor grammatical issues such as verb tense consistency, article usage, and sentence structure.
- Ensure uniformity in terminology (e.g., "femoral neck fractures" vs. "femoral neck fractures").
- Verify that all abbreviations (e.g., AVN, HHS, VAS) are defined upon first use.