

REVIEWER'S REPORT

Manuscript No.: IJAR-53906

Date: 18/09/2025

Title: CLINICO-RADIOLOGICAL OUTCOMES OF RADIAL HEAD EXCISION VERSUS REPLACEMENT: A RETROSPECTIVE COMPARATIVE STUDY.

Recommendation:

Accept as it is

Accept after minor revision.....Yes.....

Accept after major revision

Do not accept (*Reasons below*)

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

Reviewer Name: Dr. Sireesha Kuruganti

Date: 18/09/2025

Reviewer's Comment for Publication.

(To be published with the manuscript in the journal)

The reviewer is requested to provide a brief comment (3-4 lines) highlighting the significance, strengths, or key insights of the manuscript. This comment will be Displayed in the journal publication alongside with the reviewers name.

This is a well-conducted retrospective study with relevant clinical insights.

Detailed Reviewer's Report

Here's a detailed, in-depth review of the manuscript "Clinico-Radiological Outcomes of Radial Head Excision versus Replacement: A Retrospective Comparative Study" with line numbers referenced from the uploaded file.

Detailed Review with Line Numbers

Title & Abstract

Lines 1–3: Title is clear, but could be shortened for conciseness, e.g., "Radial Head Excision vs. Replacement: A Retrospective Comparative Study."

Lines 5–11: Background and Objective are well-defined but lack citation support for prevalence data ("one-third of adult elbow fractures"). Consider referencing epidemiological studies.

Lines 12–18: Methodology is briefly summarized; however, stating that it is a retrospective design upfront would strengthen clarity.

REVIEWER'S REPORT

Lines 19–24: Results are concise, but effect sizes and confidence intervals are missing—these would make statistical interpretation more robust.

Lines 25–28: Conclusion is strong but slightly overstated. Suggest softening phrasing to reflect limitations of retrospective design (e.g., “suggests” rather than “rendering prosthesis replacement the favored choice”).

Introduction

Lines 34–40: The prevalence and biomechanical role of the radial head are well described. Reference placement is appropriate, but sentence structure could be tightened for readability.

Lines 41–46: Clear outline of Mason classification. However, citations [3–5] should be linked directly to statements about ORIF failure rates.

Lines 47–53: The rationale for excision vs. replacement is balanced, but the paragraph is reference-heavy; summarization may improve flow.

Lines 54–58: Good discussion of limitations of prosthetics and cost. However, terms like “resource-limited settings” (line 56) should be explained more carefully in context.

Lines 59–63: The aim is clear, but “guide surgical decision-making” (line 62) could be reframed as “provide evidence to inform surgical decision-making.”

Methodology

Lines 65–70: Ethical approval is mentioned (good). The hospital setting is clear.

Lines 71–76: Sample size (26 patients) is very small; this should be acknowledged upfront as a limitation.

Lines 77–81: Inclusion/exclusion criteria are appropriate, but “fracture duration greater than four weeks” (line 79) should be justified.

Lines 82–84: Data collection details are good, but operative time and blood loss are recorded yet never discussed in results—consider reporting or removing.

Lines 85–93: Functional assessment with MEPI and DASH is appropriate. Radiographic evaluation is standard. Good use of validated tools.

Lines 94–99: Statistical methods are correct, but mention of normality testing (e.g., Shapiro–Wilk) would add rigor.

Results

REVIEWER'S REPORT

Lines 100–110: Demographic comparison is balanced, but power calculation is absent—important given small $n=26$.

Lines 111–116: Functional outcomes show statistically significant improvement in replacement group. Well reported. Confidence intervals should be added.

Lines 117–125: Radiological results are presented well, but clinical implications of degenerative arthritis not reaching significance ($p=0.18$) should be explained.

Tables (177–182): Nicely structured but lacking confidence intervals. Percentages should include denominators (e.g., “30.7% (4/13)”).

Figures (187–190): Graphical representation helps but no axis labels or statistical annotation (p -values) shown.

Discussion

Lines 126–136: Aligns findings with prior studies, which strengthens credibility.

Lines 137–142: Good discussion of excision disadvantages, supported by references.

Lines 143–146: Strong biomechanical reasoning for replacement.

Lines 147–152: Prosthesis limitations are acknowledged, but economic aspects (implant cost in India) deserve more emphasis.

Lines 153–157: Balanced note on elderly vs. young patients. Well-written.

Lines 158–162: Study limitations are acknowledged, but retrospective bias and lack of randomization should be explicitly stated.

Lines 163–167: Clinical implications and future directions are well framed.

Conclusion

Lines 169–174: Well-written but again too definitive. Suggest: “Our findings suggest radial head replacement may offer superior outcomes compared to excision...” instead of “should be considered the standard of care.”

References

Lines 194–268: References are mostly recent and relevant. Some are systematic reviews and RCTs (good). However:

Formatting inconsistent (e.g., line 262–265 has DOI repeated).

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REVIEWER'S REPORT

Ensure journal guidelines are followed (e.g., uniform style for PMIDs/PMCID).

Strengths

1. Clear comparison of excision vs. replacement with validated outcome scores.
2. Ethical approval obtained.
3. Well-structured abstract, introduction, methods, results, discussion, and conclusion.
4. Relevant references, including systematic reviews and biomechanical studies.

Weaknesses & Recommendations

1. Small sample size (n=26): Acknowledge limited statistical power.
2. Retrospective design: State explicitly as a major limitation.
3. Overstated conclusion: Soften claims to reflect evidence strength.
4. Statistical reporting: Add confidence intervals, effect sizes, and denominators.
5. Figures & Tables: Improve labeling, include p-values, percentages with absolute numbers.
6. Reference formatting: Standardize as per journal guidelines.
7. Language clarity: Avoid overuse of long sentences and heavy referencing in introduction.

Overall Comments:

This is a well-conducted retrospective study with relevant clinical insights but limited by small sample size and retrospective design. With revisions (statistical rigor, clarity, toned-down conclusions), it could be suitable for publication.