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REVIEWER'S REPORT

Manuscript No.: IJAR-53910 Date: 18/09/2025

Title: **CLOSED REDUCTION AND FIXATION OF CALCANEAL FRACTURES USING MODIFIED JESS (M-JESS) FIXATOR WITHIN 24 HOURS OF INJURY - A PROSPECTIVE INSTITUTIONAL STUDY**

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: 18/09/2025

Reviewer's Comment for Publication:
The study presents a promising minimally invasive approach using M-JESS for intra-articular calcaneal fractures, showing good functional outcomes and shorter operative times. However, larger studies with control groups are necessary to establish definitive advantages over traditional methods.

Reviewer's Comment / Report

Strengths:

- **Timely and Relevant Topic:** The study addresses the important issue of managing intra-articular calcaneal fractures with minimally invasive techniques, which is a pertinent area in orthopedic trauma.
- **Prospective Design:** Being a prospective study adds strength to the findings, reducing recall bias.
- **Short Surgical Time:** The reported average surgical time (15-32 minutes) demonstrates efficiency.
- **Minimal Soft Tissue Damage:** The technique emphasizes less soft tissue trauma, which can reduce complications such as necrosis and infection.
- **Follow-up Duration:** The mean follow-up of over 16 months provides a reasonable period to assess fracture healing and functional outcome.

Weaknesses:

- **Limited Sample Size:** The study included only 30 patients, which limits the statistical power and generalizability of the results.
- **Lack of Control Group:** Absence of a comparison group (e.g., traditional open reduction and internal fixation) makes it difficult to assess relative efficacy.
- **Selection Bias:** Patients were selected within a narrow window (presenting within 6 hours), possibly excluding more complex cases, affecting external validity.
- **Incomplete Data on Long-term Outcomes:** While the mean follow-up is over a year, long-term impacts such as post-traumatic arthritis are not addressed.
- **Complication Reporting:** Minor complications like superficial infections and pain are noted, but details regarding their management and impact on patient function are limited.
- **Typographical/Grammatical Errors:** There are some typographical and grammatical issues that need correction for clarity and professionalism.

Recommendations for Authors:

1. **Enhance Methodology Details:** Include a control group or compare with standard open reduction techniques. Clarify criteria for patient inclusion and exclusion more precisely.

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2. **Statistics and Data Presentation:** Use appropriate statistical analyses to support claims, including p-values for significant differences. Present complication rates comprehensively, with management details.
3. **Long-term Outcomes:** Include data on post-traumatic arthritis or other late complications if available.
4. **Language and Formatting Corrections:** Correct grammatical errors, such as subject-verb agreement and typos (e.g., "superior to the classical surgical method as it allows the fixation of calcaneum irrespective of the swelling over heel and ankle." – consider rephrasing for clarity). Maintain consistent terminology (e.g., "calcaneum" vs. "calcaneus"). Clean up formatting issues, such as misplaced numbers and inconsistent spacing.
5. **Tables and Figures:** Incorporate detailed tables summarizing patient demographics, fracture types, operative details, and outcomes. Include radiographs or intraoperative images if available to visualize the technique.
6. **Expand Discussion:** Discuss limitations explicitly, such as small sample size and absence of control. Suggest directions for future research.