

Peer Review File

Article information: <http://dx.doi.org/10.21037/fomm-20-26>

Reviewer A

Comment: Interesting and well written article.

Response: We really appreciate the consideration of the reviewer.

Reviewer B:

Comment: Congratulations to the authors for this interesting case report. Gun Shot Wounds are an interesting topic and reconstruction can be frustrating and causing a prolonged clinical course.

Response: We really appreciate the considerations of the reviewer. We work to make the text clearer and according to the reviewer's recommendations

Comment:Please clarify whether the Gunshot Wound was high velocity or low, as the soft and hard tissue defects differ and high velocity Gunshot Wounds are known to have a die-back phenomenon of tissue

Response: Thank you for allowing us to discuss this important topic. Firearm injury was caused by high speed due to the characteristics of the fracture, but for us the primary cause of complications biomechanical fixation and non-collaborative patient. (highlight in yellow; line 16-17))

Comment: Non vascularized bone grafts in infected recipient beds are at increased risk of graft loss and exposed hardware as this case shows; please discuss further possible surgical solutions as for example delayed reconstruction with non-vascularized bone graft after an initial healing period during which just a reconstruction plate is in place or other ways

Response: Thank you for opportunity to clarify this point, in fact, that point was not clear during case report. Thus, in the first approach the infection was treated through removal of the fixation material, pseudoarthrosis curettage and a new plate fixed. After improvements of the soft tissue and cure of the infection, the non-vascularized bone graft was performed.

(highlight in yellow; line 16-17)

Comment: This case shows the importance of correct primary treatment of trauma patients. Can you clarify what the incorrect primary treatment was? (looks like a mandible defect zone which was treated with reconstruction plate bearing only two screws on each fracture fragment).

Response: In our opinion, two causes are associated with the failure of the case: the initial fixation with two screws on each side 2.4 system plate was certainly one of the factors that contribute to complications, according to reviewer's consideration. Furthermore, the patient with non-collaborative behavior, using tobacco and drugs, it contributed to the bone graft failure. (highlight in yellow; line 26-28)