

# Response to “Clinical outcomes in surgically indicated scapular fracture patients managed with conservative means: a case series”

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Thank you for sharing with us the comments from Ahmad *et al.* (1) regarding our paper, “Analysis of the curative effect and prognostic factors in patients with scapular fracture with surgical indications after conservative treatment: a case series and clinical outcomes” (2). In response to the suggestions, we reply as follows.

First, patients with scapular fractures in the study received a scapular computed tomography (CT) examination after admission from the trauma emergency center, and that is where our measurement comes from. All fracture typing and imaging analysis were carried out by two deputy chief physicians (Z.T.Z. and X.S.Q.), and the controversial cases were determined after discussion by a chief physician (Y.X.C.).

Second,  $\geq 2$  injuries of the Superior shoulder suspensory complex (SSSC) (3), is one of the indications for scapula surgery, so combined SSSC injuries are considered as one of the indicators affecting the prognosis. As shown in the article, the statistical results showed that SSSC injury had no statistical significance for the stability of shoulder function, so no further analysis was performed for specific injury sites in SSSC.

Third, these are regret of this study. There is no routine shoulder joint magnetic resonance imaging (MRI) examination for patients admitted through trauma center

in our database, and the rotator cuff of patients cannot be evaluated. This will be the basis for further improvement of data collection in our database.

Forth, in this study, there were no statistically significant differences in the effects of associated injuries operation on shoulder joint function.

Fifth, in this study, there were no statistically significant differences in the effects of associated injuries on shoulder joint function. We will guide these patients shoulder exercises to prevent shoulder adhesion while these patients are in bed. It's part of our conservative treatment.

Sixth, this is precisely the reason for this clinical study. It is not the sole decision of the doctor to develop a treatment plan. These patients with surgical indications make the choice of treatment of scapular fracture that the patient thinks are suitable for them according to their individual circumstances, or they refuse to accept the risk of scapular fracture due to surgery because of their overall physical condition at the time of injury, or actively choose conservative treatment because of the low requirement for shoulder joint function recovery compared with other body injuries. In short, it is a part of the cases that did not receive surgical treatment for specific reasons, and obtained a satisfactory outcome of the patients themselves.

Seventh, as described in the article introduce, scapular

fracture is caused by high-energy violent injury as usual, which is often combined with multiple injuries throughout the body. In this circumstance, the basic daily life can be restored by conservative treatment only make our patients satisfied.

Above, we are particularly grateful to these suggestions for our paper.

## References

1. Ahmad F, Raja BS, Kaganur R. Clinical outcomes in surgically indicated scapular fracture patients managed with conservative means: A case series, *Quant Imaging Med Surg*. *Quant Imaging Med Surg* 10.21037/qims-23-1408.
2. Chen X, Deng YD, Qiu XS, Chen YX, Zhang ZT. Analysis of the curative effect and prognostic factors in patients with scapular fracture with surgical indications after conservative treatment: a case series and clinical outcomes. *Quant Imaging Med Surg* 2023;13:5130-40.
3. Tatro JM, Gilbertson JA, Schroder LK, Cole PA. Five to Ten-Year Outcomes of Operatively Treated Scapular Fractures. *J Bone Joint Surg Am* 2018;100:871-8.