For cementless total hip arthroplasty (THA), can be performed using femoral components with a large variety of femoral component designs have been developed, one such component being a press-fit femoral stem. The Anatomic Fiber Metal plus stem (Zimmer) is one of the anatomically designed femoral components to be inserted without cement. The concept of this stem was to achieve stable fixation by metaphyseal fit and fill. It has a configuration matching a medullary canal of a normal femur and circumferential fiber-mesh coating on the proximal one-third. The neck of the stem has an anteversion of twelve degrees. The press-fit and outcomes of cementless THA performed using this type of stem were reported to be good for the primary osteoarthritis in selected Caucasian patients. However, there were a few reports available on the outcomes of THA using this stem in Japanese patients. Since the majority of the most Japanese patients with hips with hip dysplasia have dysplastic hips in Japanese patients. Therefore, the results outcomes of THA in Japanese patients might be different from those in Caucasian patients. Therefore, in this study, we evaluated the outcomes of cementless THA performed using a press-fit femoral stem, the Anatomic Fiber Metal plus stem (Zimmer) in Japanese patients and examined possible effects of metaphyseal fit on the outcomes. This stem is designed such that stable fixation can be achieved by metaphyseal fit and fill. Its configuration matches that of the medullary canal of a normal femur; the circumference of its proximal one-third is coated with fiber mesh; and its neck has an anteversion of 12 degrees.

Source: Fixation of an Anatomically Designed Cementless Stem in Total Hip Arthroplasty by Shigeru Nakamura, Noriyuki Arai, Takateru Kobayashi, and Takashi Matsushita, used under CC-BY

Reviewer comments:

1. The title is not strong. Why are you choosing to report this case? This should be clear.
   
   Response: Thanks you for the insightful comment. I wrote new title have modified the title to: "Acute Mercury Poisoning: A Case Report."

2. Include information on clinical effects of mercury poisoning.
   
   Response: Thank you for the valuable suggestion. Mercury poisoning can lead to neurologic, gastrointestinal, and renal complications. The clinical symptoms usually depend on the entry route of entry. This information has been added to the Background section in the manuscript.

3. The timeline of the poisoning is not clear. What tests were done at the time of admission? Clarify with appropriate details. How long was the woman admitted in the hospital?

Comment [A1]: I introduced the press-fit femoral stem at this point itself so that the focus of this study is clear.

Comment [A2]: It is important to first set the context for the study by providing background information regarding the research problem. Since this description is specific to the component used in your study, I have inserted it after the context for the study has been established, where it is more relevant.

Comment [A3]: In scientific writing, the term "Caucasian" should preferably be restricted to people from the Caucasus region. Please check if you simply meant "white."

Comment [A4]: Please verify if these words should also be title-cased.

Comment [A5]: Please include the location details of the manufacturer.

Comment [A6]: Thank you for sending in your responses to the reviewer comments for editing. I have edited the responses for language, checked that they adequately answer the reviewers' questions, and included comments where additional information is needed. I have also checked the manuscript to ensure that the required changes have been made to the manuscript. I have also prepared a resubmission cover letter for you to use during resubmission.

Comment [A7]: Please note that the revised title still does not convey the reason for reporting the case and is quite generic. Thus, the reviewer may still find the title unsatisfactory. As suggested in the manuscript too, please consider the alternative title: N-Acetyl Cysteine Administration as an Effective Empirical Treatment for Acute Mercury Poisoning: A Case Report."
Response: Thank you for highlighting these important points. The woman was admitted in the hospital for 7 days. Remaining changes are made: The details of the other diagnostic tests performed, including physical examinations, blood tests, chest radiography, and cranial computed tomography, and their findings have been included in the Case Presentation section of the manuscript.

4. The conclusion must be brief and to the point. There is too much information in the conclusions section which should be included in a separate Discussion section. The sentences also do not flow in any logical manner. Rewrite the Discussion and conclusion section separately.

Response: Thank you for the advice. I have rewritten the new conclusion section.

5. What is the novelty of the case? You should emphasize in the abstract and conclusion.

Response: Thank you for this important question. This case is important to show as it highlights the need for public education and awareness on the hazardous effects of mercury, especially given that mercury is a component of several household items. How it is important to make aware that mercury is poisonous and how important it is for public to be careful. This information has been added to the abstract and the conclusion of the main text.

Comment [A8]: I believe that you may have misunderstood the question. The reviewer is saying that the Conclusion should be short (1-2 sentences) and include just the main take-away message. The rest of the information should be included under the heading “Discussion.” Thus, I suggest changing the heading “Conclusion” to “Discussion” and adding the heading “Conclusion” before the sentence “The immediate precautionary measure...the toxic agent.” The response can then be changed to “I have restructured the Discussion and Conclusion sections as per your advice.” Please let me know if you agree with these changes and I would be happy to assist you.

Comment [A9]: While your response has highlighted the significance of this case report, the novelty of the case has still not been highlighted in the manuscript. What makes this case unique compared to other cases of mercury poisoning reported in the literature? Has no similar case been reported? Please highlight the novelty of the case in the abstract and in the background and conclusion sections of the manuscript.