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OPEN PEER REVIEW

Analysis of Factors Influencing Trauma Healing in Children with Second-Degree Burns: A Single-Center Retrospective Study

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

2 comments · 11 Dec 2023 – 19 Jan 2024

Referee 1 Reviewer

MAJOR REVISION 11 Dec 2023

Thank you for sharing your study on factors influencing trauma healing in children with second-degree burns. While the research is valuable, there are several areas that require major revisions to enhance the clarity and comprehensiveness of the discussion section. Please consider the following points for the revision:

Abstract

1. Lack of structured abstract: The abstract does not follow a structured format commonly used in scientific writing, such as the Introduction-Methods-Results-Conclusions (IMRaD) format.
2. Inadequate contextual information: The abstract does not provide sufficient background information. It should briefly explain why this topic is significant and the potential impact of the findings.
3. Incomplete reporting of study design: The abstract does not explicitly mention the study design used (retrospective cohort study) and does not provide details on the inclusion criteria, data collection process, follow-up period, or specific variables analyzed.
4. Inadequate sample size description: The abstract mentions that 87 children with second-degree burns were included, but it does not specify if this represents the total population or a sample from a larger population. Additionally, it does not provide information on the sampling method used.
5. Lack of clarity in outcome measures: The abstract mentions "good trauma healing" and "poor trauma healing" as outcome categories without defining them precisely. It is important to clearly define the outcome measures used in the study to ensure consistency and understanding among readers.
6. Insufficient statistical reporting: The abstract mentions statistical differences between the good healing group and the poor healing group but does not provide the actual statistical values (e.g., p-values) or effect sizes.

Introduction

7. Insufficient literature review: The introduction provides a general overview of burns in children and their consequences but does not extensively review relevant literature on factors influencing wound healing in children with second-degree burns.
8. Limited context and rationale: The introduction briefly mentions the challenges associated with burns in children, such as increased risk of comorbidities and poor wound healing. However, it does not sufficiently explain why it is important to study the factors influencing wound healing in children with second-degree burns, such as the potential impact on treatment strategies or patient outcomes.

Methods

9. Limited sample size: The methods do not provide information about the rationale for selecting 87 children for the study. Without a clear explanation of the sample size calculation assumptions, there may be concerns about the representativeness of the sample and the generalizability of the findings.
10. Retrospective study design: Retrospective studies have inherent limitations, including potentially incomplete or missing data, lack of control over data quality, and reliance on the accuracy of past documentation.
11. Incomplete data collection: The methods mention collecting general data such as gender, age, body mass index (BMI), personality, etc. However, they do not provide information on how these data were collected or whether any potential confounding factors such as comorbidities and treatment modalities were considered.
12. Lack of detail on wound infection assessment: The methods briefly mention collecting specimens of traumatic secretions for examination, inoculation, culture, and purification to detect wound infection. However, they do not provide specific details on the criteria used to define wound infection or the

methodology for bacterial identification and drug sensitivity testing.
13. Limited description of pain assessment: The methods mention using the Wong-Baker facial expression scale to measure the pain level of children. While the scale is briefly described, there is no information on how the scale was administered, who assessed the children's pain levels, or whether any inter-rater reliability checks were conducted.
14. Lack of information on questionnaire development: The methods mention using questionnaires to assess the child's care and parental response. However, there is no information provided on how the questionnaires were developed, validated, or piloted to ensure their reliability and validity.
15. Inadequate explanation of statistical analysis: The methods mention using t-tests, chi-square tests, and binary logistic regression analysis for data comparison and analysis. However, no details are provided regarding the specific variables included in the analysis, the choice of statistical tests, or any adjustments made for potential confounding factors.

Results
16. Inconsistent verb tense: The verb tense used in the text is not consistent throughout. For example, some sentences use the past tense ("A total of 66 cases of good healing and 21 cases of poor healing were observed..."), while others use the present tense ("The final regression analysis shows..."). Consistency in verb tense is important to maintain clarity and coherence in scientific writing.
17. Limited explanation of logistic regression analysis: The results mention the use of binary logistic regression analysis to explore the factors affecting trauma healing. However, there is no explanation of the model's goodness-of-fit, the selection of independent variables, or the interpretation of the regression coefficients. Including these details would improve the understanding of the regression analysis and its implications.
18. Lack of discussion on potential confounding variables: The results section does not address potential confounding variables that could influence the relationship between the independent variables and wound healing.

Discussion
19. Insufficient contextualization: The discussion should begin by summarizing the main findings or results of the study before delving into the analysis of factors influencing trauma healing in children with second-degree burns. This would provide a better context for the subsequent discussion.
20. Lack of clear organization: The discussion does not follow a clear structure or use subheadings to guide the reader through the different aspects being discussed. It would be beneficial to divide the section into subsections based on the key factors or themes being addressed.
21. Limited use of citations: The discussion would benefit from incorporating more citations to support the statements and claims being made. This would enhance the credibility of the arguments and provide readers with additional sources of information to explore.
22. Failure to address alternative explanations: The discussion does not adequately consider alternative explanations or potential confounding factors that could impact the findings. It is important to acknowledge and discuss potential limitations or alternative interpretations of the data.
23. Lack of future directions: The discussion does not provide suggestions for future research or potential areas of further investigation.

Addressing these points will greatly improve the structure, clarity, and comprehensiveness of your manuscript. Please carefully consider these suggestions while revising your manuscript.

Referee 2 Reviewer

MINOR REVISION 19 Jan 2024

Dear Authors
I hope you're keeping well.
Regarding the article titled Analysis of factors influencing trauma healing in children with second-degree burn: a single-center retrospective study (ID:43561), I would like to note the following:
1-the title fits the scope of the journal and is innovative, and the parts of the article are well written.
2-below are some suggestions:
• Considering the difference between the healing of superficial and deep wounds in second-degree burns, it would have been better to examine only the factors affecting the healing of deep second-degree burns (superficial second-degree burns should be removed).
• The cause of the burn or the type of burn agent is also an important factor that has not been investigated in this study (such as a burn with boiling water or a chemical burn, etc.).
• It seems that personality is not an important factor in burn wound healing (it should be removed), and instead, the economic status of the patient could be examined.
• In table number 2, the number related to burn depth is not mentioned.

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Reviewers' Comments:

Reviewer 1:

Thank you for sharing your study on factors influencing trauma healing in children with second-degree burns. While the research is valuable, there are several areas that require major revisions to enhance the clarity and comprehensiveness of the discussion section. Please consider the following points for the edition:

Reply: Dear reviewer, I have made red mark revisions in the original text about the changes in the article. The following are the relevant answers and explanations for each improvement.

Abstract

1. Lack of structured abstract: The abstract does not follow a structured format commonly used in scientific writing, such as the Introduction-Methods-Results-Conclusions (IMRaD) format.

Reply: Thank you for your feedback on our manuscript. We have carefully considered your comment about the lack of a structured abstract and made the following modification:

We have now included a structured abstract following the IMRaD format (Introduction, Methods, Results, and Conclusions). We believe this structure will enhance the clarity and comprehensibility of our research objectives, methods, findings, and conclusions.

2. Inadequate contextual information: The abstract does not provide sufficient background information. It should briefly explain why this topic is significant and the potential impact of the findings.

Reply: Thank you for your feedback on our manuscript. We have added a brief overview of the significance of the topic and the potential impact of the findings in the abstract. We believe that burn healing in children now faces challenges, but there are few in-depth and specific studies.

3. Incomplete reporting of study design: The abstract does not explicitly mention the study design used (retrospective cohort study) and does not provide details on the inclusion criteria, data collection process or follow-up period, and specific variables analyzed

Reply: Thank you for your feedback on our manuscript. We have now included the study design (retrospective cohort study) in the summary. In addition, we provide more detailed information on the sample size calculation principle (EPV principle), source of enrolled patients (single hospital), data collection process (medical record system), follow-up period (14 days after admission) and analysis of specific variables.

4. Inadequate sample size description: The abstract mentions that 87 children with second-degree burns were included, but it does not specify if this represents the total population or a sample from a larger population. Additionally, it does not provide information on the sampling method used.

Reply: Thank you for your feedback on our manuscript. Regarding the reasons for the insufficient sample size of 87 patients, we have deeply reflected and tried to expand the sample size to 220 cases to meet the requirements of this study. All patients come from a single hospital.

5. Lack of clarity in outcome measures: The abstract mentions "good trauma healing" and "poor trauma healing" as outcome categories without defining them precisely. It is important to clearly define the outcome measures used in the study to ensure consistency and understanding among readers.

Reply: Thank you for your feedback on our manuscript. We've rechecked the wording to make sure it's consistent. The quality of trauma healing was evaluated comprehensively according to the

healing rate and scar formation.

6. Insufficient statistical reporting: The abstract mentions statistical differences between the good healing group and the poor healing group but does not provide the actual statistical values (e.g., p-values) or effect sizes.

Reply: Thank you for your feedback on our manuscript. We have carefully considered your comments regarding inadequate statistical reporting and have revised the abstract as follows: the actual statistical values (p-values) and OR sizes for the comparisons between the well-healed and poorly-healed groups have been provided.

Introduction

7. Insufficient literature review: The introduction provides a general overview of burns in children and their consequences but does not extensively review relevant literature on factors influencing wound healing in children with second-degree burns.

Reply: Thank you for your feedback on our manuscript. We appreciate your suggestion to strengthen the literature review in the introduction. In response to this problem, we have made the following changes:

In the introduction, we found that in the field of wound healing in children with second-degree burns, there are many contents of pain management and nursing for children. Only some articles mentioned that different factors (such as age, wound depth, infection and treatment methods) may affect the wound healing process of this population. It shows that the healing problem of children with second-degree burns is responsible and needs to be further studied. This supplement provides a more comprehensive background and environment for our research, emphasizing the importance of understanding the factors that lead to good or poor healing in children with second-degree burns.

8. Limited context and rationale: The introduction briefly mentions the challenges associated with burns in children, such as increased risk of comorbidities and poor wound healing. However, it does not sufficiently explain why it is important to study the factors influencing wound healing in children with second-degree burns, such as the potential impact on treatment strategies or patient outcomes.

Reply: Thank you for your feedback on our manuscript. In the introduction, we further discussed the importance of examining the factors that influence wound healing in children with second-degree burns. We included information on the potential impact of these factors on treatment strategies and patient prognosis. For example, there has been no systematic, in-depth study of the factors influencing wound healing in patients with second-degree burns, resulting in a relatively low level of benefit for these children. Understanding the factors that contribute to poor wound healing could guide the development of more effective treatment regimens and improve patient prognosis by optimising wound care and preventing complications.

Methods

8. Limited sample size: The methods do not provide information about the rationale for selecting 87 children for the study. Without a clear explanation of the sample size calculation assumptions, there may be concerns about the representativeness of the sample and the generalizability of the findings.

Reply: Based on your considerations and recognising the problem of inadequate sample size, we have decided to expand the scope in the medical records system and re-specify the inclusion and exclusion criteria to also ensure that the sample size is adequate. Sample size considerations are

based on the EPV law.

9. Retrospective study design: Retrospective studies have inherent limitations, including potential incomplete or missing data, lack of control over data quality, and reliance on past documentation accuracy.

Reply: In the Discussion section, we have added a paragraph discussing the limitations of retrospective study designs. We recognise the potential for incomplete or missing data, lack of control over data quality, and reliance on the accuracy of past documents. We also discuss the impact of these limitations on the interpretation and generalisability of study results.

10. Incomplete data collection: The methods mention collecting general data such as gender, age, body mass index (BMI), personality, etc. However, it does not provide information on how these data were collected or whether any potential confounding factors such as comorbidities, and treatment modalities were considered.

Reply: We add in the Methods section that these data are based on our hospital's medical record management system, and the questionnaire information was collected using on-the-spot distribution

11. Lack of detail on wound infection assessment: The methods briefly mention collecting specimens of traumatic secretions for examination, inoculation, culture, and purification to detect wound infection. However, it does not provide specific details on the criteria used to define wound infection or the methodology for bacterial identification and drug sensitivity testing.

Reply: We added symptoms of wound infection, such as redness, swelling and pus, which were detected positively by a bacteriological identification device.

12. Limited description of pain assessment: The methods mention using the Wong-Baker facial expression scale to measure the pain level of children. While the scale is briefly described, there is no information on how the scale was administered, who assessed the children's pain levels, or whether any inter-rater reliability checks were conducted.

Reply: In the methods section, we have provided more detailed information on how the Wong-Baker facial expression scale was administered. We have specified that the scale was used by trained personnel who were experienced in assessing children's pain levels. Additionally, we have included information on whether any inter-rater reliability checks were conducted to ensure consistent and reliable pain assessments. This addition provides a more comprehensive description of the pain assessment process and its reliability.

13. Lack of information on questionnaire development: The methods mention using questionnaires to assess the child's care and parental response. However, there is no information provided on how the questionnaires were developed, validated, or piloted to ensure their reliability and validity.

Reply: In the Methods section, we added a paragraph discussing the development, validation, and piloting of the questionnaire used in our study. We provided information about the questionnaire development process, including the literature review, expert consultation, and iterative revisions. We also describe the validation process, including pilot testing and feedback from subject matter experts to determine the reliability and validity of the questionnaire. This addition provides a more comprehensive overview of the questionnaire development process and supports the reliability and validity of our data collection instrument.

15. Inadequate explanation of statistical analysis: The methods mention using t-tests, chi-square tests, and binary logistic regression analysis for data comparison and analysis. However, no details

are provided regarding the specific variables included in the analysis, the choice of statistical tests, or any adjustments made for potential confounding factors.

Reply: In the methods section, we have added a paragraph discussing the statistical analysis. We have provided more details on the specific variables included in the analysis, the rationale for the choice of statistical tests, and any adjustments made for potential confounding factors. We have also described the statistical software used for data analysis and the level of significance considered for our findings. This addition provides a more comprehensive overview of the statistical analysis and supports the reliability and validity of our data analysis.

Results

16. Inconsistent verb tense: The verb tense used in the text is not consistent throughout. For example, some sentences use the past tense ("A total of 66 cases of good healing and 21 cases of poor healing were observed..."), while others use the present tense ("The final regression analysis shows..."). Consistency in verb tense is important to maintain clarity and coherence in scientific writing.

Reply: We have carefully reviewed the entire manuscript and made efforts to maintain consistency in verb tense. The past tense is usually used to describe the methods and results of experiments and research, while the present tense is used to express universal truths and conclusions.

17. Limited explanation of logistic regression analysis: The results mention the use of binary logistic regression analysis to explore the factors affecting trauma healing. However, there is no explanation of the model's goodness-of-fit, the selection of independent variables, or the interpretation of the regression coefficients. Including these details would improve the understanding of the regression analysis and its implications.

Reply: In the results section, we have added a paragraph discussing the binary logistic regression analysis. We provide more details on the goodness of fit of the model, including the Hosmer-Lemeshow test. We also describe the selection of independent variables and the interpretation of regression coefficients.

18. Lack of discussion on potential confounding variables: The results section does not address potential confounding variables that could influence the relationship between the independent variables and wound healing.

Reply: In the results section, we added a paragraph discussing potential confounding variables that may affect the relationship between the independent variables and wound healing. These variables were not significant in the logistic equation example, but we nonetheless discuss their regression coefficients and ORs and how these factors may have influenced our findings.

Discussion

18. Insufficient contextualization: The discussion should begin by summarizing the main findings or results of the study before delving into the analysis of factors influencing trauma healing in children with second-degree burns. This would provide a better context for the subsequent discussion.

Reply: We began each discussion paragraph by summarising the main findings or results of our study. This section highlights the key points of our data and sets the stage for subsequent analyses and discussions. It also helps to establish a clear context for understanding the factors that influence wound healing in children with secondary burns.

19. Lack of clear organization: The discussion does not follow a clear structure or subheadings to guide the reader through the different aspects being discussed. It would be beneficial to divide the

section into subsections based on the key factors or themes being addressed.

Reply: We have divided the discussion section into subsections based on key elements or themes of the discussion. Each subsection has a clear title that summarises the content and guides the reader through the different aspects discussed. This structure allows for a more focused and coherent discussion of the impact of each factor on wound healing in children with secondary burns.

20. Limited use of citations: The discussion would benefit from incorporating more citations to support the statements and claims being made. This would enhance the credibility of the arguments and provide readers with additional sources of information to explore.

Reply: In the discussion section, we have added citations to support the statements and claims made. We have cited relevant studies and authoritative literature that provide evidence for our arguments and increase the credibility of the discussion. The number of references in the full text has increased to 29

21. Failure to address alternative explanations: The discussion does not adequately consider alternative explanations or potential confounding factors that could impact the findings. It is important to acknowledge and discuss potential limitations or alternative interpretations of the data.

Reply: In the penultimate paragraph of the Discussion section, we devote consideration and discussion to alternative explanations and potential confounders that may have affected our findings. In particular, we identify issues such as sample size, population characteristics, and measurement methods as potential confounders and discuss how they may have affected our results. In addition, we consider other potential limitations of our study and how future research might address these alternative explanations and confounders to gain a more complete understanding of the factors that influence secondary burn wound healing in children.

23. Lack of future directions: The discussion does not provide suggestions for future research or potential areas of further investigation.

Reply: In the discussion section, we have added a paragraph discussing future directions and potential areas for further research. We considered several areas, including the need for more research into the mechanisms of wound healing in second-degree burns, the exploration of new therapeutic approaches, and the evaluation of other factors that may affect healing outcomes. We believe that these future directions will provide a framework for further research and contribute to a more comprehensive understanding of second-degree burn wound healing in children.

Addressing these points will greatly improve the structure, clarity, and comprehensiveness of your manuscript. Please carefully consider these suggestions while revising your manuscript.

Reviewer 2:

Dear Authors

I hope your keeping well

Regarding the article titled: Analysis of factors influencing trauma healing in children with second-degree burn: a single-center retrospective study (ID:43561) inform that:

1-the title fits the scope of the magazine and is innovative, and the parts of article are well written

2-below are some suggestion:

• Considering the difference between the healing of superficial and deep wounds in second degree

burns, it would have been better to examine only the effective factors in the healing of deep second-degree burns (superficial second-degree burns should be removed)
Reply: Examining only the effective factors in the healing of deep second-degree burns:
We agree that exploring factors specifically related to deep second-degree burns would be more targeted and meaningful. We have re-evaluated our data and analysis to focus solely on deep second-degree burns, excluding superficial second-degree burns from our analysis.

• The cause of the burn or the type of burn agent is also an important factor that has not been investigated in this study (such as a burn with boiling water or a chemical burn, etc.)
Reply: Inclusion of burn cause and type of burn agent:
You bring up an important point about the consideration of burn cause and type of burn agent as potential influencing factors. We have added these variables to our analysis and have presented the results in Table 1, which now includes information on the cause and type of burn for each patient.

• It seems that personality is not an important factor in burn wound healing (it should be removed) and instead, the economic status of the patient could be examined
Reply: Researching economic status as a factor:
We appreciate your suggestion to study economic status as a potential factor in burn wound healing. However, since economic factors must be obtained from the questionnaire, which is difficult at present, we have looked at the indicators of inflammatory factors in the admission of children with burns, and we have included this variable in our analyses, which are presented in Tables 1 and 3

• In table number 2, the number related to depth burns is not mentioned
Reply: Table 2: Clarification of figures related to deep burns:
We apologise for omitting relevant information from Table 2. The revised Table 2 is now no longer relevant to discussing the number of patients with deep second-degree burns.

We have made these changes to the manuscript and hope that they address your feedback. Thank you for your comments, which help us to improve the quality of our work. We look forward to receiving more feedback and comments from you.

Associate Editor's Comments:

Associate Editor 1:
Your manuscript was reviewed by our reviewers. The reviewers have raised concerns regarding the manuscript, and therefore, your paper is not acceptable for publication in this format. However since the reviewers do find some merit in the paper, I would be willing to reconsider if you wish to undertake major revisions and re-submit, addressing the referees' concerns.

Please note that resubmitting your manuscript does not guarantee acceptance, and that your resubmission will be subject to a re-review before a decision is rendered.

Dear Associate Editor,

Thank you for your comments. We appreciate the feedback from the reviewers and agree that some major revisions are necessary to improve the manuscript. We are committed to making the necessary changes and improvements to ensure the quality of our work.

We will carefully consider the reviewers' concerns and address them accordingly. We plan to revise the manuscript, focusing on improving the discussion section by providing more suggestions for future research directions and exploring additional factors that may influence healing outcomes. We will also re-examine our data and analysis to further refine our findings and ensure they are presented clearly and accurately.

We understand that resubmitting the manuscript does not guarantee acceptance, and we are prepared for a re-review process. We believe that with the proposed major revisions, the manuscript will be greatly improved and better meet the publication standards of your journal.

We look forward to resubmitting the revised manuscript and hope to receive your positive feedback. Thank you for your time and consideration.

2 Revision 1

2 comments · 5 Feb 2024 – 8 Feb 2024

Referee 1 Reviewer

MINOR REVISION 5 Feb 2024

I would like to commend you on the significant improvements made to your manuscript. Your attention to detail is evident in the revised version, and it is clear that you have taken the comments from the previous review seriously. However, I would like to highlight a few minor editorial issues that need attention. These trivial matters, once addressed, will further refine the manuscript and ensure seamless readability.

1. Use of Abbreviations: The abstract utilizes abbreviations such as "EPV," "OR," and "CIs" (Confidence Intervals) without initially providing their full forms. To ensure clarity for readers, I recommend introducing these abbreviations in parentheses after their first mention.
2. Lack of Clarity: Some sentences in the abstract are unclear or ambiguous. For example, in the introduction, the statement "Research on wound healing in children's second-degree burns is complex due to differences in regenerative capacities" could benefit from being more specific. I encourage you to provide more precise information on the specific complexities and differences in regenerative capacities to enhance clarity.
3. Lack of Conciseness: Some sentences in the abstract appear unnecessarily wordy and could be condensed. For instance, in the introduction, the sentence "This study aims to systematically investigate factors impacting wound healing in children with second-degree burns, providing a scientific basis for clinical treatment and nursing" could be simplified to "This study investigates factors impacting wound healing in children with second-degree burns, informing clinical treatment and nursing." By condensing such sentences, you can enhance conciseness without compromising clarity.
4. Inappropriate placement of the limitation section: The positioning of the limitation section in the manuscript is unsuitable since it appears after the conclusion. Ideally, it is preferable to discuss the study's limitations before reaching the conclusion, enabling readers to take them into account when interpreting the findings.

Once again, I commend you on the improvements made and appreciate the efforts you have made to address the comments.

Referee 2 Reviewer

ACCEPT 8 Feb 2024

The desired comments are included in the article and approved.

3

Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Reviewers' Comments:

Reviewer 1:
The desired comments are included in the article and approved
Reviewer 2:
I would like to commend you on the significant improvements made to your manuscript. Your attention to detail is evident in the revised version, and it is clear that you have taken the comments from the previous review seriously. However, I would like to highlight a few minor editorial issues that need attention. These trivial matters, once addressed, will further refine the manuscript and ensure seamless readability.
Dear reviewer
I am very grateful to you for your high evaluation of the revision of my article, and also thank you for pointing out some small problems that need further improvement. I attach great importance to your feedback and have carefully considered every point you put forward.
In the revised version, I have corrected the minor issues you mentioned. I pay special attention to the fluency and coherence of language to ensure that readers can understand the content of the article without difficulty. In addition, I checked the formatting and punctuation to make sure they met the criteria for academic writing.
Allow me to thank you again for your careful review and valuable suggestions. I believe that through your guidance and my revision of the article, the quality of this article has been significantly improved. I look forward to your further feedback and would like to make further modifications as needed.
1. Use of Abbreviations: The abstract utilizes abbreviations such as "EPV,""OR," and "CIs" (Confidence Intervals) without initially providing their full forms. To ensure clarity for readers, I recommend introducing these abbreviations in parentheses after their first mention.
Dear reviewers, I am very grateful for your detailed comments and suggestions on my article. Regarding the use of abbreviations you mentioned, I am deeply sorry to have troubled readers. I accept your suggestion and pay special attention to it in the revision.
In the revised version of the article, I have provided their full names in parentheses for the first time when using the abbreviations ' EPV ', ' OR ' and ' CIs ' (confidence interval). Such modification aims to ensure that readers can understand the content of the article more clearly.
The specific modifications are as follows :
Original text :
“220 children with second-degree burns were included by the EPV rule. “
After modification :
“ 220 children with second-degree burns were included by the Events Per Variable (EPV) rule... We use the odds ratio (OR) and 95 % confidence

interval (95 % CI) to describe the relationship between important variables in the regression equation”
This modification not only follows your suggestions, but also improves the readability and comprehension of the article. I thank you again for your valuable comments and look forward to your further guidance.

2. Lack of Clarity: Some sentences in the abstract are unclear or ambiguous. For example, in the introduction, the statement "Research on wound healing in children's second-degree burns is complex due to differences in regenerative capacities" could benefit from being more specific. I encourage you to provide more precise information on the specific complexities and differences in regenerative capacities to enhance clarity.
Regarding the sentence you mentioned “**Research on wound healing in children's second-degree burns is complex due to differences in regenerative capacities**“, I realized that the original expression may lack sufficient clarity. In order to improve this, I have revised it to : ' **Due to the difference of skin tissue regeneration ability in children of different ages, the study of secondary burn wound healing in children is very complicated**. Revisions such as ' more specifically address the regenerative capacity differences that lead to research complexity, and provide additional information about the relationship between children 's age and regenerative capacity, thereby enhancing sentence clarity.
In addition, I also carefully examined the whole abstract part to ensure that other sentences are clear.
I am committed to improving the readability and comprehensibility of the article to ensure that readers can easily understand the core content and purpose of the study. . Thank you again for your criticism and suggestions for my article.

3. Lack of Conciseness: Some sentences in the abstract appear unnecessarily wordy and could be condensed. For instance, in the introduction, the sentence "This study aims to systematically investigate factors impacting wound healing in children with second-degree burns, providing a scientific basis for clinical treatment and nursing" could be simplified to "This study investigates factors impacting wound healing in children with second-degree burns, informing clinical treatment and nursing." By condensing such sentences, you can enhance conciseness without compromising clarity.
Dear reviewer, Thank you very much for your suggestion. I have noticed the lengthy sentence you pointed out and revised it accordingly. The simplification suggestions you provide are very helpful, and I have implemented them in the article.
The original sentence “**This study aims to systematically investigate factors impacting wound healing in children with second-degree burns, providing a scientific basis for clinical treatment and nursing**"

is indeed somewhat lengthy. According to your suggestion, I have revised it to "**This study investigates factors impacting wound healing in children with second-degree burns, informing clinical treatment and nursing**". This expression is more concise and clear, while maintaining the meaning and clarity of the original sentence.
In the rest of the article, I also made similar modifications to ensure that the entire summary section is more concise and compact. I understand that simplicity and clarity are equally important in academic writing, so I am committed to improving the efficiency of expression while maintaining the integrity of information.
Thank you again for your advice and guidance. I believe that through these modifications, the quality of the article will be further improved. If you have other suggestions or questions, I would be happy to make further revisions and discussions.

4. Inappropriate placement of the limitation section: The positioning of the limitation section in the manuscript is unsuitable since it appears after the conclusion. Ideally, it is preferable to discuss the study's limitations before reaching the conclusion, enabling readers to take them into account when interpreting the findings.
Dear reviewer
Thank you very much for your comments, you pointed out that the ' limitations ' part of the location of the problem I have noticed, and this has been carefully considered. You are absolutely right that it is not appropriate to put the "limitations" part after the conclusion, which may make readers ignore these important constraints when interpreting the research results.
According to your suggestion, I have moved the "limitations" section to before the conclusion, that is, after the discussion section. Such an arrangement is more logical and can attract readers ' attention.
I believe that such a revision will help readers understand our research more comprehensively and accurately, and interpret the results on the basis of considering the limitations of the research.

Once again, I commend you on the improvements made and appreciate the efforts you have made to address the comments.

Associate Editor's Comments:

Associate Editor 1:
The authors have addressed the majority of our reviewers' concerns. We have some comments which is in the below. Please consider these suggestions in revising your paper.

3 Revision 2

1 comment · 10 Mar 2024

Referee 1 Reviewer

ACCEPT 10 Mar 2024

I am pleased to inform you that you have successfully incorporated all the suggested changes into your manuscript. The revisions have significantly improved the clarity and quality of the study, making it suitable for publication. I commend you for your thoroughness and responsiveness to the reviewers' comments. The revised manuscript now presents a comprehensive literature review, a refined methodology, and improved organization. Based on these revisions, I recommend its acceptance for publication.