

Title: **Gunshot head injuries in Dhaka amid the violent crackdown in July 2024**

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Reviewer A: Md Moshir Rahman, 0000-0002-1183-6829 | COI: None

Overview

This manuscript presents a retrospective cohort study of 217 gunshot brain injury cases managed during the July 2024 Mass Uprising in Bangladesh. It offers rare clinical data from a civilian conflict setting, detailing injury patterns, radiological findings, surgical interventions, and short-term outcomes. The study's large sample size and contextual relevance are significant strengths. However, inconsistencies in outcome reporting, methodological ambiguities, and limited statistical analysis weaken its rigor. With clearer methods, corrected data, improved language, and strengthened analysis, the work could make a meaningful contribution to trauma and neurosurgical literature.

1. Comment **Appropriateness of the title.**

The title reflects the content but could be more concise. It currently mixes context ("mass uprising") with clinical focus. Consider emphasizing the clinical nature of the study while retaining the unique event context.

Response: As per the comment, the title has been revised as "Gunshot head injuries in Bangladesh during July 2024 mass uprising".

2. Comment **Completeness and accuracy of the abstract.**

The abstract provides key findings but contains inconsistencies with the main text (e.g., GOS distributions). It is generally informative but requires revision to ensure accuracy and internal consistency. Some sentences are repetitive and can be streamlined.

Response: The abstract has been revised for accuracy and consistency. The GOS data have been corrected, and repetitive or unclear sentences have been streamlined.

3. Comment **Clarity and appropriateness of the objective(s).**

Objectives are implied but not explicitly stated. The manuscript should clearly state the primary and secondary objectives in the Introduction or Methods for improved clarity.

Response: The study objectives have now been clearly stated. The rationale section has been revised in lines 102–103.

4. Comment **Clarity of the rationale for conducting the study is given in the Introduction section.**

The Introduction successfully contextualizes the political and clinical background, but the rationale should be more focused on the knowledge gap in neurosurgical management of gunshot brain injuries in low-resource civilian conflict settings. Some contextual material is lengthy.

Response: The Introduction has been refined. Relevant ethical considerations have been added in line 171.

5. Comment **The methods are described in sufficient details so that the study can be reproduced. Whether ethical concerns have been well described.**

Methods need clearer descriptions, especially regarding sampling (inclusion/exclusion), data sources, and classification of firearm velocity. Ethical approval is mentioned, but phrasing should be improved to avoid implying that ethics were bypassed during patient management.

Response: The Methods section has been clarified, including sampling criteria, data sources, and firearm velocity classification. Ethical considerations have been expanded and clarified in line 171.

6. Comment **Clarity and appropriateness of the design to achieve the objective(s).**

The descriptive cohort design is appropriate for the objectives. However, the manuscript should more clearly justify retrospective convenience sampling and explain whether this limits generalizability.

Response: A justification for the retrospective convenience sampling has been added in line 108.

7. Comment **Appropriate and thorough description of the statistical methods.**

Statistical methods are minimal and limited to descriptive statistics. For a study of this size, inferential analyses (e.g., associations between injury severity and outcome) would significantly strengthen the work. Current description is too brief.

Response: This is a descriptive study. The description has been clarified, and results are compared with relevant international literature.

8. Comment **Quality, clarity and appropriateness of the table(s).**

Tables are generally informative but require clearer formatting and alignment. Some variables appear duplicated or inconsistent with the text. Percentages should be recalculated and checked for accuracy.

Response: Tables have been reviewed, reformatted, and corrected accordingly.

9. Comment Quality, clarity and appropriateness of the figure(s), if any.

Figures lack adequate captions, scale, and explanatory detail. Figure 2 resembles a simple bar representation without proper axes or labels. Overall clarity and quality require improvement.

Response: Figure 2 has been removed, and Figure 1 has been reorganized with improved clarity and appropriate labeling.

10. Comment Major redundancy between text and tables/figures in the Results section.

Significant redundancy exists. Many numerical results are repeated almost verbatim in the text and tables. The Results section should emphasize interpretation rather than restating table content.

Response: Redundant numerical descriptions have been removed, and the Results section has been revised (highlighted in yellow) to avoid repeating table content.

11. Comment Pertinence of the Discussion section whether it justify the main message of the manuscript without repeating the results.

The Discussion contextualises findings well but is overly long and repeats numerical results. It should focus more on clinical implications, comparison to existing literature, and interpretation of the high survival rates.

Response: The Discussion has been shortened and refocused to emphasize clinical implications and comparisons with similar international studies, avoiding repetition of numerical results.

12. Comment Whether strength(s) and limitation(s) are well described.

Limitations are not explicitly discussed. Given the retrospective design, reliance on incomplete records, and political context, a clear limitations subsection is essential. Strengths could also be highlighted more explicitly.

Response: A clear limitations subsection has been added at line 344, and the strengths of the study have been more explicitly described.

13. Comment Whether the conclusion of the manuscript is supported by the data.

The main conclusions are reasonable but rely on inconsistent data in the Results vs. Abstract. After correction, conclusions should be re-evaluated for alignment with findings. Statements on success of early intervention should be supported by comparative analyses.

Response: The Conclusion has been revised to ensure full alignment with corrected data and to avoid unsupported claims regarding early intervention in line 48.

14. Comment Whether the manuscript is supported by appropriate and up-to-date references.

References include credible neurotrauma sources, but several citations rely on news reports and web sources. Some references are duplicated or improperly formatted. Chrome-extension URLs must be removed.

Response: The reference list has been reviewed and corrected. Duplications and non-academic web sources have been removed, and newspaper names and extension-based URLs have been eliminated.

15. Comment Straightforward, clear, and logical storytelling.

Overall flow is understandable but would benefit from more concise writing and reduced redundancy. Several sections contain grammatical errors that disrupt clarity.

Response: The manuscript has been edited for improved flow and conciseness, with reduction of redundant phrasing and correction of grammatical issues.

16. Comment Appropriateness of the overall length of the article.

The manuscript is slightly lengthy due to repetition in Results and Discussion. Streamlining these sections would improve readability without loss of content.

Response: The manuscript has been shortened by refining tables and removing one figure, reducing repetition while maintaining clarity.

17. Comment Standard of English for publication.

The manuscript requires substantial language editing for grammar, punctuation, syntax, and clarity. Several sentences are awkward or incorrect (“mass upraising”; “pellete”; “patients were incorporated”). A thorough professional edit is recommended.

Response: The manuscript has undergone thorough language editing. Grammar, punctuation, syntax, and terminology—including previously incorrect terms—have been corrected line 157.

Reviewer C: Anonymous | COI: None

Overview

The concept of the manuscript is time demanding, in context of Bangladesh. However, overall manuscript needs point to point revision according to the reviewer's concern.

- 18. Comment** Clarity and appropriateness of the design to achieve the objective(s).
Study design: The study should be regarded as Cross sectional study, instead of Cohort study.
Response: The study design has been revised accordingly and is now described as a descriptive cross-sectional study.
- 19. Comment** Whether the manuscript is supported by appropriate and up-to-date references.
Authors are encouraged to add more relevant recent references. Guideline and example provided in the Reviewer's report.
Response: Additional recent and relevant references have been incorporated as recommended. The reference list now reflects more up-to-date literature aligned with the reviewer's guidelines.
- 20. Comment** Appropriateness of the overall length of the article.
Discussion section should be broaden. Necessary guideline included in the Reviewer's report.
Response: The manuscript has been revised for improved balance. While redundant content was reduced, the Discussion section was broadened following the reviewer's guidance to strengthen interpretation and context.

Responsible editor: M Mostafa Zaman, 0000-0002-1736-1342

- 21. Comment** I suggest the title to be "Gunshot brain injuries in Bangladesh's July 2024 mass uprising", which focuses on the gunshot injuries as a medical topic.
Response: The title has been revised accordingly to reflect a clearer medical focus in line 2.
- 22. Comment** Remove the Daily Star 2024 (line 78).
Response: The newspaper name has been removed as advised.
- 23. Comment** During the work, the university's name is Bangabandhu Sheikh Mujib Medical University. Therefore, mentioning it will be historically correct. However, in the parentheses, you should mention "currently, Bangladesh Medical University".
Response: The institutional name has been corrected to reflect the historical period as Bangabandhu Sheikh Mujib Medical University, with "currently Bangladesh Medical University" added in parentheses.
- 24. Comment** Please describe ethical concerns addressed in this work in the Methods section. This is not the ethical approval given in a separate heading.
Response: Ethical considerations relevant to patient management and data handling have been added to the Methods section and are now described in line 171.
- 25. Comment** The data given in Figure 2 can be well presented in Table 1 (by dropping the figure).
Response: Figure 2 has been removed, and its relevant data have been incorporated into Table 1 as suggested.