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Plate augmentation leaving the nail in situ and bone grafting for nonunion of femoral shaft fractures

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We read with interest the article “Plate augmentation leaving the nail in situ and bone grafting for non-union of femoral shaft fractures” by Y. S. Choi and K. S. Kim. Intern orthop 2005;29: 287–290. Femoral nailing being the standard treatment for fractures of the shaft of the femur, this article evokes great interest in the minds of all orthopaedic surgeons regarding the treatment options available for non-union especially in difficult cases. However, after reading the article in detail, some questions regarding the patient selection and treatment options were raised in our mind. Achieving 100% success rate in union

would encourage surgeons if “objective” criteria for preoperatively determining ‘continuous motion’ at the fracture could be laid out, as the selection seems more presumptive than objective. The definition of non-union chosen is too broad, especially patient no. 8 and to some extent, patient 9 (Table 1) may not be deemed to be having non-union by orthopaedic community at large. Bone grafting is a standard procedure for atrophic non-unions. Ueng et al. [1] has done bone grafting in ‘all’ atrophic non-union cases of intramedullary nailing. Furthermore, in cases of Winquest–Hansen type I–II with fractures in middle third (five patients, Table 1), dynamisation could have been a better option, if not tried earlier. We feel that this article would be more informative if the cases of non-union requiring “more” stability than that provided by intramedullary nailing, can be better targeted and defined preoperatively for their effective management.

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