LETTER TO THE EDITOR

Dear Sir,

Having recently read Volume 23, Number 3 of *International Orthopaedics*, I feel inclined to make some comments about two of the publications. The first has to do with the article entitled, "Colonna capsular arthroplasty: a 33-year follow-up of four patients" [1]. I enjoyed reading the article, but was disappointed to find that a paper published in 1997 by Dr. Anthony Stans and the writer of this letter, when we reported upon a long term follow up of 22 hips in 20 patients [2] was not mentioned. The main reason for exercising this concern is that we showed that with femoral shortening and rotational osteotomy, preoperative traction was totally unnecessary and we had a very high satisfactory result.

My second reason for writing is to address the publication entitled, "Femoral head necrosis treated with vascularized iliac crest graft" [3]. I applaud the authors for this very fine contribution, but I was a little disappointed to see that they did not mention or reference two landmark articles by Dr. Marvin Meyers [4,5]. In the first publication [4], a similar method designed to prevent aseptic necrosis of the femoral head was employed following intracapsular fractures in 150 patients. They had a substantial reduction of incidence of necrosis..

These observations are not to be construed as major criticisms as far as the content of the contributions is concerned, but simply to emphasize that there were some substantial articles in peer-reviewed journals that have appeared relating to both of these particular subjects.

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References

1. Kanai. H, Takatori Y, Nakamura S, Morimoto S (1999) Colonna capsular arthroplasty: a 33-year follow-up of four patients. *Int Orthop* 23:145–147

2. Stans AA, Coleman S (1997) Colonna arthroplasty with concomitant femoral shortening and rotational osteotomy. Long term results. *J Bone Joint Surg [Am]* 79:94–96
3. Pavločič V, Dolinar D, Arnez Z (1999) Femoral head necrosis treated with vascularized iliac crest graft. *Int Orthop* 23:150–153
4. Meyers MH, Harvey JP Jr., Moore TM (1973) Treatment of displaced subcapital and transcervical fractures of the femoral neck by muscle-pedicle-bone graft and internal fixation. A preliminary report on one hundred and fifty cases. *J Bone Joint Surg [Am]* 55:257–274
5. Meyers MH (1978) The treatment of osteonecrosis of the hip with fresh osteochondral allografts and with muscle pedicle graft technique. *Clin Orthop* 130:202–209

Reply 1

Dear Sir,

We thank Dr. Coleman for his comments on our article [1]. The purpose of our study was to report the results of colonna capsular arthroplasty in older children more than 30 years after surgery; these operations were performed by the late Professor Miki. Although Stans and Coleman [2] described their excellent results of the modification of this classic procedure, it was not our aim to compare our results with those of the modified procedure. We, however, wish to keep their article for future reference.

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References

1. Kanai. H, Takatori Y, Nakamura S, Morimoto S (1999) Colonna capsular arthroplasty: a 33-year follow-up of four patients. *Int Orthop* 23:145–147
2. Stans AA, Coleman S (1997) Colonna arthroplasty with concomitant femoral shortening and rotational osteotomy. Long term results. *J Bone Joint Surg [Am]* 79:94–96

Reply 2

Dear Sir,

The comment by Dr. Coleman is well taken. In fact, we were aware of the excellent work by Dr. Marvin Meyers and his group, which we unfortunately omitted to quote. Dr. Meyers and colleagues in 1973 actually used the same principle, i.e. to insert vascularized tissue into the necrotic femoral head. However, there is a difference in the techniques: in their case it was implanting a piece of vascularized graft of quadratus femoris *muscle*, while our approach was to implant a piece of *bone* (from the iliac crest) on a vascular pedicle. In their initial report, Meyer's group described their results in patients with femoral neck fractures [1], while in a subsequent paper [2] they also show the usefulness of their technique in patients with non-traumatic aseptic femoral head necrosis, stages 1 and 2. This, too, is slightly different com-

pared to our study: our patients were mainly in stage 3 with a few in stage 2. We have not been aware of any subsequent publications reporting the use of Dr. Meyer's method.

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References

1. Meyers MH, Harvey JP Jr., Moore TM (1973) Treatment of displaced subcapital and transcervical fractures of the femoral neck by muscle-pedicle-bone graft and internal fixation. A preliminary report on one hundred and fifty cases. J Bone Joint Surg [Am] 55:257–274
2. Meyers MH (1978) The treatment of osteonecrosis of the hip with fresh osteochondral allografts and with muscle pedicle graft technique. Clin Orthop 130:202–209