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Letter to the Editor

Comment on “Evaluation of proximal femoral locking plate in unstable extracapsular proximal femoral fractures: Surgical technique & mid term follow up results” [J. Clin. Orthop. Trauma 5 (3) (2014) 137–145]

To the Editor,

We read the article 'Evaluation of proximal femoral locking plate in unstable extracapsular proximal femoral fractures: Surgical technique & mid term follow up results' by Nishikant Kumar et al. with interest and we compliment the authors for the study. The PF-LCP implant has been recently introduced for the treatment of pertrochanteric fractures. Short-term follow-up results are available in the literature with most authors reporting a failure rate of around 40% with this implant^{1,2} unlike the present series, which has shown very good union rates in short time.

We would like to seek some clarification from the authors on some issues pertaining to the article.

1. It is believed that in cases of comminution at the fracture site, increasing the working length of the locking plate at the level of fracture enables a larger area of stress distribution on the plate and reduces the strain at the fracture site. The length of plate used should be more than 2–3 times the comminuted fracture length.³ (Ref – Case 21). A longer plate, perhaps, is more desirable in such situations. Also, filling all screw holes may lead to stress concentration and high strain, which can lead to early implant failure after cyclic loading.
2. The calcar ('kickstand') screw has greater axial stiffness and less torsional stiffness,⁴ but its use to reduce the risk of mechanical failure cannot be conclusively established.⁵ Was this kickstand screw inserted in all the cases? Also, the diameter of the kickstand screw appears to be different in different figures (Fig. 7 vs. Fig. 17). Were the screw dimensions changed due to certain reasons?
3. Regarding a large posteromedial void and/or comminution at the fracture site. Did the authors attempt primary bone grafting?
4. Fig. 14 showing united fracture at 3-month follow-up (case no. 3) is exactly the same as Fig. 12 showing immediate post

op X-ray. It is evident by the presence of the suction drain in Fig. 14 (3-month follow-up). It appears to be an oversight.

Conflicts of interest

The authors have none to declare.

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