

References

- [1] Shin KH, Han SB. Early postoperative hypoalbuminemia is a risk factor for postoperative acute kidney injury following hip fracture surgery. *Injury* 2018;49:1572–6.
- [2] Bennet SJ, Berry OM, Goddard J, Keating JF. Acute renal dysfunction following hip fracture. *Injury* 2010;41:335–8.
- [3] Yin J, Tian L. Joint confidence region estimation for area under ROC curve and Youdenindex. *Stat Med* 2014;33:985–1000.
- [4] Zheng J, Xiao Y, Yao Y, Xu G, Li C, Zhang Q, et al. Comparison of urinary biomarkers for early detection of acute kidney injury after cardiopulmonary bypass surgery in infants and young children. *Pediatr Cardiol* 2013;34:880–6.
- [5] Kim K, Bang JY, Kim SO, Kim S, Kim JU, Song JG. Association of preoperative hypoalbuminemia with postoperative acute kidney injury in patients undergoing brain tumor surgery: a retrospective study. *J Neurosurg* 2018;128:1115–22.
- [6] Jämsä P, Jämsen E, Lyytikäinen LP, Kalliovalkama J, Eskelinen A, Oksala N. Risk factors associated with acute kidney injury in a cohort of 20,575 arthroplasty patients. *Acta Orthop* 2017;88:370–6.
- [7] Nadkarni GN, Patel AA, Ahuja Y, Annapureddy N, Agarwal SK, Simoes PK, et al. Incidence, risk factors, and outcome trends of acute kidney injury in elective total hip and knee arthroplasty. *Am J Orthop (Belle Mead NJ)* 2016;45:E12–9.
- [8] Choi YJ, Kim SO, Sim JH, Hahm KD. Postoperative anemia is associated with acute kidney injury in patients undergoing total hip replacement arthroplasty: a retrospective study. *Anesth Analg* 2016;122:1923–8.

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Letter to the Editor

Regarding reverse total shoulder arthroplasty for the treatment of failed fixation in proximal humeral fractures



Dear Editor and Authors,

We read your research paper [1] recently with interest and discussed it in our journal club and had the following comments to make;

- 1 Your abstract presents this as a study of 270 Reverse total shoulder replacements (RTSAs). This seems slightly misleading as 265/270 patients were then excluded and we felt it would have been more accurately presented as a case series identified from a database of 270 RTSAs.
- 2 The stated purpose of the study was 'to present outcomes of RTSA after failure of fracture fixation' but there is no mention of a power calculation to see the numbers needed to show this. We feel a study of 5 patients is likely to significantly underpowered to do this. It is certainly underpowered compared to the larger case series which you have used for comparison [2–5].
- 3 Your group have performed a similar study where you looked at 42 patients who underwent primary RTSA for fracture [6]. Surely this would have provided an excellent point for statistical comparison

and could better have answered your aim 'to present outcomes of RTSA after failure of fracture fixation'. We also noted that you have previously used DASH/EQ5D/HRQoL in previous studies and were interested to know why it was not used in this study?

- 4 You have stated in your results that 'There were no intra-operative or post-operative complications in RTSA surgeries', however, you also report that 1/5 patients had revision for stiffness (20%) and that another patient was offered revision for stiffness but declined. It is not entirely clear in your methods how you have defined a complication, but surely stiffness significant enough that revision surgery was offered in 40% (2/5) of your case series represents a post operative complication.
- 5 Finally, with regard to the editing process of your paper, it would appear that a full sentence has been repeated in the discussion section and that arthroplasty has been spelt incorrectly in the title, which is disappointing given the normal high quality of the journal.

Overall, whilst we enjoyed reading your paper, we felt that the limitations above make it impossible to make any meaningful conclusions for the intended purpose of your study.

Conflicts of interest

None.

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None.

References

- [1] García-Fernández Carlos, Lopiz Yaiza, Rizo Belén, Serrano-Mateo Laura, Alcobia-Díaz Borja, Rodríguez-González Alberto, et al. Reverse total shoulder arthroplasty for the treatment of failed fixation in proximal humeral fractures. *Injury* 2018;49S:522–6.
- [2] Hussey MM, Hussey SE, Mighell MA. Reverse shoulder arthroplasty as a salvage procedure after failed internal fixation of fractures of the proximal humerus: outcomes and complications. *Bone Joint J* 2015;97:967–72.
- [3] Dezfuli B, King JJ, Farmer KW, Struk AM, Wright TW. Outcomes of reverse total shoulder arthroplasty as primary versus revision procedure for proximal humerus fractures. *J Shoulder Elbow Surg* 2016;25:1133–7.
- [4] Grubhofer F, Wieser K, Meyer DC, Catanzaro S, Schürholz Gerber C. Reverse total shoulder arthroplasty for failed open reduction and internal fixation of fractures of the proximal humerus. *J Shoulder Elbow Surg* 2017;26:92–100.
- [5] Nikola C, Hrvoje K, Nenad M. Reverse shoulder arthroplasty in acute fractures provides better results than in revision procedures for fracture sequelae. *Int Orthop* 2015;39:343–8.
- [6] Lopiz Y, Garcia-Coiradas J, Serrano-Mateo L, García-Fernández C, Marco F. Reverse shoulder arthroplasty for acute proximal humeral fractures in the geriatric patient: results, health-related quality of life and complication rates. *Int Orthop* 2016;40:771–81.

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