



Letter to the Editor

Intra-operative fluoroscopy time and radiation dose during suprapatellar tibial nailing versus infrapatellar tibial nailing


Dear Editor

We read with interest the article by M. Williamson et al. regarding the 'Intra-operative fluoroscopy time and radiation dose during suprapatellar tibial nailing versus infrapatellar tibial nailing' [1]. We extend our appreciation to the authors for this study, but wish to provide our opinion on the study conclusions.

1 The study was a retrospective observational study from a prospectively collected database. The authors did not elaborate on the allocation of the patients or the baseline conditions. If a retrospective study design is used, bias can occur due to periodical changes, recall bias, and differential measurement errors. Confounding [2] by indication also occurs when patients are allocated to intervention or control groups on the basis of patient and investigator preferences, patient characteristics, and clinical history [3]. We recommend randomization to reduce this bias through comparison groups that are similar with regards to known and unknown prognostic variables.

2 One of the main indicators for the study was the Dose Area Product (DAP). There was a significant relationship between body mass index (BMI) and intraoperative DAP [4]. If the two groups have different BMIs, the results are biased. Furthermore, the authors did not specify the fluoroscopy machine used during the operation. Were single or multiple fluoroscopy machines used over the 4-year period? and if so were the parameters consistent? As the radiation dose of the examinee is closely related to machine performance and parameters, the same piece of equipment must be used for the consistency, and regularly tested. Finally, the specific operational processes and methods of X-ray fluoroscopy were not specified in detail. For example, the DAP of the tibia in the different segments/positions differed. In addition, scrap films should be removed from the final datasets.

In summary, the number of confounding factors questions the credibility of the data. Though we wish to thank the authors for a very interesting study, we feel that clarification of these queries would allow more confidence in the final conclusions.

Conflict of interest

None.

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Letter to the Editor

Re: Is prehospital blood transfusion effective and safe in hemorrhagic trauma patients? A systematic review and meta-analysis. Lack of clear, objective blood and plasma transfusion criteria after trauma in the prehospital setting


Sir,

We read with great interest the article by Rijnhout et al. [1] which focused on earlier transfusions in the prehospital setting and the improved survival outcomes for hemorrhagic trauma patients.

We would like to discuss with the author the heterogeneity of the inclusion criteria that reflects the difficulty to detect active