



Letter to the Editor

Letter to the editor regarding “Traumatic hip fracture-dislocation: A middle-term follow up study and a proposal of new classification system of hip joint associated injury”

To the Editor,

It has been a learning experience to read the article by Pascarella R et al [1]. The authors deserve applause for their effort in the quagmire of hip fracture-dislocations. However there are few comments, which I believe, need further clarification.

- 1 This article merits credit in its effort to take into account all hip joint associated injuries and proposed an anatomic-descriptive classification. However, what appears inexplicable, on the contrary, is that they ‘excluded patients who reported hip dislocation with acetabulum fracture (without involving of femoral neck and femoral head)’. Hip fracture-dislocations are mostly high-energy injuries, and its proper classification and management paradigm still elude us, which is evident by the fact that there are numerous classifications of hip fracture-dislocations. One of the most widely used classifications by Thompson-Epstein took cognisance of type of acetabular fractures; this classification to some extent guide treatment and prognosticate this injury; results have reportedly shown better outcome in Type I and II as compared to Type III, IV and V injuries [2]. Similarly, few years later another classification proposed by Stewart and Milford graded type of hip dislocations according to fracture patterns and hip joint stability. Their series also revealed increasing proportion of poor results with increasing grades [3]. Pipkin later elaborated on femoral head fracture-dislocations; albeit, it was not validated till now and found not sufficient enough to guide treatment [4]. Subsequently Brumback’s classification of hip dislocation with femoral head/neck fractures appeared more comprehensive since it took into account direction of dislocation, joint stability, femoral head osteochondral lesions, and severity of acetabular fractures; it also has prognostic value as study reveals guarded outcome in Type 3B and Type 5 injuries [4]. It is generally accepted that outcome after hip fracture-dislocations is contingent upon time from injury to reduction, congruency and stability of reduction, associated femoral head/neck or acetabular fractures, and severity of injury [5]. Therefore, it is conceivable that to devise a holistic classification several factors need to be considered to guide management like: type and severity of acetabular fractures, joint stability, and size of femoral head fragments.
- 2 The methodology and result section appeared a bit perplexing. The authors performed this retrospective analysis on 69

patients with ‘hip joint associated injuries’, and study cohort comprising 33 patients were finally assessed after exclusion. However, the result section appears misplaced since few excluded patients were detailed in results. Exclusion criteria also need to be defined properly since it is not clear as to the reason of exclusion of 6 cases of early failures (AVN or osteoarthritis within 12 months), which would substantially modify results and therefore the final conclusion; albeit while detailing complications it is appearing as 5 cases of early failure rather than 6 patients. Furthermore, the numbers do not match as the sum of patients clinically and radiologically graded for outcome shows 38 patients which are in contrast to 33 patients assessed for final results. It is utilitarian for a wonderful scientific article like the current one, to be astute as well as succinct in its methodology and results to avoid uncalled confusion among readers.

- 3 Author’s conclusion as to the prognostic value of their classification seems doubtful since outcome and complications were not corroborated and detailed according to the type of fracture-dislocations. Although anecdotal evidences suggest osteochondral fractures of femoral head portend guarded outcome, conclusion concerning this could not be drawn from this study since most of the patients with osteochondral injuries were lost to follow up.

Despite limitations, this study opened new arena in this contentious issue; nevertheless, addressing these issues would, I believe, make it more edifying and undoubtedly add to our knowledge. Finally, it would provide a fillip to conduct more studies to ascertain the reliability and validity of this classification; whether or not it would guide and prognosticate injuries are yet to be determined.

Declaration of Competing Interest

None.

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