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## Journal of Clinical Orthopaedics and Trauma

journal homepage: [www.elsevier.com/locate/jcot](http://www.elsevier.com/locate/jcot)

Letter to the editor

## Saving the ankle in distal fibular giant cell tumour a case report: Letter to editor

**Keywords:**

Giant cell tumour  
Lateral malleoli  
Ankle preservation  
Reconstruction

Dear Editor,

We read with interest the study entitled “Saving the ankle in distal fibular giant cell tumour. A case report” by Kaushik Bhowmick et al.<sup>1</sup> We congratulate the authors for reporting such rare case of GCT with use of ipsilateral fibula for reconstruction and preservation of ankle joint. However, we came across some errors in the article.

- 1) The authors have commented on the preoperative restriction of subtalar and ankle movements, but subtalar movements have not been mentioned in the follow-up. The hind foot movements need to be mentioned as they are important part of the American Orthopaedic Foot and Ankle Society (AOFAS) score<sup>2</sup> which is reported to be 97/100 in the article.
- 2) The authors have mentioned three transsyndesmotic screws were inserted, but in Fig 3a and b we can see only 2 screws passing through fibula into tibia. The screws which authors reported to be transsyndesmotic are actually way above the syndesmosis.<sup>3</sup> The transsyndesmotic screws can be seen in Fig 6 (distal 2 screws) of similar case of distal fibula GCT managed with tricortical iliac graft.<sup>4</sup>
- 3) The authors have mentioned that at final follow up, radiological assessment with a plain radiograph and CT scans were done. The authors have cited [Fig. 4a and b, 5a-b] for radiograph and CT scan respectively. However, Fig. 5a–b shows a clinical picture rather than CT scan.<sup>1</sup>

The purpose of reporting this case of ankle preservation in distal fibula GCT is well justified even with these errors.

**Source(s) of support**

None.

**Declaration of competing interest**

The authors declare that there are no conflicts of interest.

**Acknowledgement**

Nil.

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4 October 2019

Available online 18 October 2019