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LETTER TO THE EDITOR

Authors' reply to Comment on: Patient-related outcomes after proximal tibial fractures

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We thank Ashwani Soni and Rajeev Kansay for their interest in our original article "Patient-related outcomes after proximal tibial fractures" [1]. In this reply, we want to answer their comments, published in a "Letter to the Editor" [2], hopefully clarifying the issues raised.

1. As we wrote in the "Results" section of our article, under the subheading "Treatment," patients undergoing surgical treatment were younger and had lower ASA classification compared to non-surgically treated patients. Surgically treated patients also more commonly had complex fractures, i.e., split-depression fractures or bicolumnar fractures with metaphyseal or articular comminution. The purpose of our study was "to assess patient-related outcomes at short-term follow-up in patients with a proximal tibial fracture" (quoting from the abstract), not to compare two treatment methods.
2. The choice of treatment was made by the treating surgeon in each individual case, in a compound consideration of the patient and the injury. This is discussed in the "Discussion" section, and it is inherent in a retrospective study such as this one. We agree with Dr. Soni and Dr. Kansay that the AO/OTA classification has limitations, just like all other radiographic classification systems do. Actually, we think that no single radiographic classification system should be used to dictate treatment without considering the health and demands of the patient; therefore, not even the example of a mechanically unstable fracture such as the posteromedial sheer type is "a must" to operate on in every single case.

In conclusion, the purpose of our retrospective study was not to give treatment recommendations, but to aid treating physicians when answering patients' questions on the prognosis in the face of a proximal tibial fracture.

References

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