Author's response to reviews

Title: Reverse LISS plating for intertrochanteric Hip Fractures in elderly patients

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Author's response to reviews: see over
Dear editor:

Thank you and all the reviewers for the kind advice. We revised the manuscript in accordance with the reviewers’ comments, and carefully proof-read the manuscript to minimize typographical, grammatical, and bibliographical errors. Should you have any questions, please contact us without hesitate.

Here below is our reply to the comments on MS: 2242316302815313

1. Comments:

The authors state that they had only 2 patients that had crews back out and tehe rest of teh patients did nothave this problem, however the figures provided demonstrate the example of where the screws backed out. I do not think this paper should be published until we see examples of cases that healed and did not have screw backout. Once we see these figures of good cases, then I believe this paper should be published.

Reply:

Thanks for the reviewer’s comments. We provided additional case.

In our opinion, backing out and loosing of the locking screws may well be related with the placement of the plate. As we know, there is a fixed angle between the screw and the plate of locking plate system, at the beginning of this technique, we encountered the problem that how to make the directions of screws optimal for fixation of proximal fragment and be locked with the plate at the same time. By research on the cadaver bone and clinical practices, we find the placement of the plate is very important. In order to allow multiple screws up the femoral neck fragment and be locked, the plate should be externally rotated by 5-10 degrees and be placed below the top of great trochanter. In proximal femur, at least three locking screws should be used
and locked. The situation (backing out and loosing of the locking screws) did not often happen after we pay attention to these tips.
Case. 25

A 78-year-old man had communicated fracture of the left proximal femur which had been treated by reverse LISS.

Figure 1. Initial radiograph of the case showing unstable intertrochanteric fractures of the left femur. Figure 2. Lateral radiograph and AP radiograph at 4 weeks post fixation

Figure 3. AP and lateral radiograph at 16 weeks post fixation showing union of the fractures

Figure 4. AP and lateral radiograph at 1 year post fixation showing union of the fractures