Author's response to reviews

**Title:** The Ilizarov external fixator - a useful alternative for the treatment of proximal tibial fractures A prospective observational study of 30 consecutive patients

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**Author's response to reviews:** see over
Dear Editor

We appreciate your comments and have tried to improve the paper by including the suggestions from you and the reviewers. We have rewritten the conclusion and removed the statistical comparisons.

We have also tried to include a table suggested by the reviewers which is added to the manuscript. However we think that the value of these tables is questionable as the complications and outcomes are reported in a non-comparable way. This is especially a problem when it comes to comparing self-appraisal scores. Despite the fact that we used several different scores a comparison is almost impossible. We have addressed this problem in the discussion. In order to do the added tables more comprehensive it might be better to reduce the number of columns. Do you have any further suggestions on this?

Regarding the figure comparing our outcomes with ACL outcomes reviewer 1 – dr Bhandari – suggested that it would be helpful to add plate fixation. Despite the fact that the KOOS score has been shown to be reproducible and gives a good estimation of the knee function, it had to our knowledge not been used in studies of fractures affecting the knee joint at the time when submitted the paper. Since then the KOOS score has been used in one study of operated patella fractures and in one after intramedullary nailing of tibial shaft fractures. We have added the results from these studies both in the reference list and in figure 1. We still think that the figure shows that despite the severe type of fracture the results are similar to those in young active patients operated because of less serious injuries.

Dr Bhandari also asked if we had conducted any kappa/intraclass correlation agreement statistics for the radiographic reviews, which we had not. As we used the same cut offs as Rasmussen and as there were few patients who did not have “good results” this did not seem meaningful. As the independent reviewer was no longer available we decided to evaluate the radiographic results again independently by myself and another experienced trauma surgeon. This did not change the results in any significant way, but we noticed that there was a writing error in table 5, were case 16 was said to have a condylar widening of 14 mm which should be 1 mm and that we also had missed to include one patient case 26 who had a varus dislocation of 12 degrees. However he is included in the text as he is one of the three patients mentioned who did not have a good radiological result. Because of the above mentioned mistakes we felt that it was necessary to check all figures in the manuscript which has been time consuming and we apologize for this.

We agree with reviewer 2 – dr Pretisor – that it would be very interesting to compare Ilizarov fixation and internal fixation in the Schatzker I-IV fractures, which would further improve the guidelines for treatment. We are very thankful for this suggestion and are discussing to start such a study. However until then we think that our study shows that it is possible to allow early weight bearing without jeopardizing the results. This is, especially for older patients, an improvement compared to screw and plate fixation were generally restricted weight bearing is recommended for 4-6 weeks.

Sincerely yours,

Telmo Ramos

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