Author's response to reviews

Title: Hip fracture fixation in the below-knee amputee - a surgical dilemma: A case report.

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Version: 4 Date: 1 February 2008

Author's response to reviews:

To
The Editor
Journal of Medical Case Reports.

Sir,

Thank you for informing us the comments on the manuscript by the reviewers. The comments made by the reviewers have been addressed and are mentioned below:

Reviewer 1.
1. Although the reviewer has experience in treating hip fractures in amputees, there is only one report in the literature. We have mentioned the different ways of managing traction in hip fractures prior to fixation and this report would be beneficial for surgeons who have not had experience with this unique presentation.
2. The manuscript describes methods of traction that can be used in treating patients with unstable hip fractures which will be useful for readers.
3. The point about use of distal femoral skeletal traction has been included in the manuscript. The bone of amputations stumps are known to be osteoporotic due to disuse and this would predispose pin cut-out especially when traction is used. We understand the reviewer’s point on infection leading to pin cut-out and have removed this from the manuscript.
4. The use of an inverted boot to hold the stump would allow holding the limb during the procedure in an undisplaced fracture although securing the stump firmly if the fracture needs traction for reduction, would reduce the risk of the stump getting pulled put of the boot.
5. Use of the prosthesis as shown in figure 2 of the manuscript is to be used in minimally displaced fractures where no traction is needed. This has been mentioned in the manuscript and the fact that this method cannot be used when traction is needed is also included.
Reviewer 2

1. The use of femoral pin for traction has been included in the manuscript.

2. Our patient was a bilateral below-knee amputee and although the fracture was undisplaced, it was essential to fix the fracture to help in mobilising the patient. The role of conservative treatment in bilateral amputees is therefore limited.

3. The patient in the report had an undisplaced fracture and therefore the reason for using the method as described. This has been mentioned in the manuscript. The other methods for treating undisplaced fractures have also been mentioned.

The manuscript has been revised. Kindly consider the revised manuscript for publication in your esteemed journal.

Thanking you,
Yours truly,
Ulfin Rethnam.