Reviewer's report

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

Version: 3 Date: 14 September 2007

Reviewer: Jinn Lin

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Presentations, diagnoses and/or management of new and emerging diseases

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: No

Is the case report persuasive?: No

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Comments to authors:

This case report illustrated a “special” method for traction of the leg in operation of the patients with ipsilateral trochanteric femoral fractures and BK amputation. Actually, this method was not new and has been well reported.

The following issues are concerned:

Background

In my experience, skeletal traction of the leg can achieve good reduction and stable fixation. Operation on the legs with ipsilateral trochanteric femoral fractures and BK amputation is not actually difficult.

Case presentation

The patient reported in this paper had minimal displaced stable trochanteric fracture and could be operated with manual traction by surgical assistants. Actually, this patient might be operated without traction.
The authors had better present a case with unstable or comminuted fracture, then the reader could appreciate the recommended method more.

Conclusions

Again, I think operation on the legs with ipsilateral trochanteric femoral fractures and BK amputation is not actually difficult. The skeletal traction can provide enough traction force to reduce the fracture as long as the pin is adequately placed, like in distal femur, even in patients with osteoporosis. The author's supposition of pin site infection and cut-out of bone were not supported by any literature. Temporary pin insertion was different from external fixation.

The method with inversion of the foot plate as shown in Figure 3 was not adequate. The fixation of the amputation stump by only a couple of shoelaces was not reliable. Actually, in the similar technique reported by Al-Harthy, the boot can cover the tibial stump and knee joint with leather straps and the leg won’t slip out from the boot when the traction was applied.

We think traction over the BK prosthesis as shown in Figure 2 was not a good idea, because it might cause disconnection of the stump and prosthesis when the traction was applied.

What next?: Reject

Quality of written English: Acceptable