Reviewer's report

**Title:** Stable relocation of the radial head without annular ligament reconstruction in neglected Monteggia fracture dislocations.

**Version:** 1  **Date:** 12 February 2010

**Reviewer:** Thilak Jepegnanam

Which of the following following best describes what type of case report this is?: Other

If other, please specify:

Its a variation on a theme.

Has the case been reported coherently?: No

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

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?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

The authors ought to be congratulated for their results.

However, I have few issues regarding the current writeup.

A continuous flow of the problem, options, why something was done in a particular way and what was achieved, is not there.

I hope this helps the authors to revise. I feel that the conclusion is improper. It has already been shown that annular ligament reconstruction is not necessary (
Hirayama, Horii, Hasler) for stable reduction of the radial head. The whole writeup should be focussed on the usefulness of the ring fixator in lengthening the ulna and reducing the radial head without open reduction and it would be good if the discussion leads to this. A ring fixator in an upper limb may not be acceptable to most surgeons, especially as other options are known and well established. Hence this has to be weighed against the advantage of not performing an open reduction and this has to be mentioned.

Specific

ABSTRACT

1. ‘Long term follow up of untreated Monteggia fracture dislocations reveals development of premature arthritis, pain, instability and loss of pronation and supination’.
Comment: Is there a reference.

2. Most authors treat the condition by annular ligament reconstruction. However the requirement of postoperative immobilization and use of transcapitellar pins delays rehabilitation”.
Comment: This is not true, eg. Hiriyama, Horii, to quote just a few, treat without pins and without annular ligament reconstruction. Many authors are proponents of open reduction and ulnar osteotomy and this has been done in adults as well. In fact, the remnants of the annular ligament are excised to allow the radial head to sit well.

3. ‘Using ulnar osteotomy with distraction osteogenesis we were able to relocate the radial head gradually and maintained the reduction without annular ligament reconstruction’.
Comment: Annular ligament reconstruction should be replaced by ‘open reduction’.

The above comments pertain to the entire writeup as well

Other comments:

1. The authors did not transfix the radius also in the distal ring as advocated, to help bring the radial head down when lengthening as in
Lengthening and deformity correction of the upper extremity by the Ilizarov technique. Tetsworth K, Krome J, Paley D.

That they relied on the interroseous ligament integrity to move the radial head along with lengthened ulna alone should be mentioned.

2. Length of time the fixator was on is not mentioned. Follow-up is also not mentioned.
3. From literature, there appears to be a high rate of complications with the fixator. How did they avoid nerve complications?

4. The description of Exner’s work can be shortened markedly to its essentials.

5. The M in 'Monteggia'should be in capitals throughout.

5. I would like ‘100%’ movement re-evaluated, as there is often a few degrees of limitation of rotatory movement, especially pronation.

Photographs
1. Photographs of both patients should be there.
2. The entire upper limb should be clearly seen.
3. I would also like a frontal view of both elbows when demonstrating extension so as to assess the carrying angle, especially in the patient who required 3.5 cm distraction.
4. Photographs showing pronation and supination should be with the elbow tucked by the side, thus avoiding shoulder compensation. It should also have both wrists in neutral.

Quality of written English: Needs some language corrections before being published

Declaration of competing interests:

I declare that I have no competing interests.