

## Reply to the comments of Kancherla et al. to the article: Prospective randomised study comparing screw versus helical blade in the treatment of low-energy trochanteric fractures

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We read your letter regarding our recently published article “Prospective randomised study comparing screw versus helical blade in the treatment of low-energy trochanteric fractures” [1]. You describe the proposed advantages of a helical blade, but these were actually related to previously published biomechanical (and not clinical) studies and clearly mentioned in our article.

The vast majority of hip fracture studies rely upon the tip-apex distance and zones in the head to tell us how well the procedure was performed. We specifically did not describe “quality of reduction” as that is more of a subjective determination. Almost all the literature states that if the placement of the cephalic implant results in a tip-apex distance of less than 25 mm, and is centre-centre in the femoral head, there will be no cut-out. These are precise measurements which we feel are more meaningful.

While a clinical follow-up at one year to show functional outcome is always an attractive idea, we clearly explained

our reasoning for this not being performed. The authors also talk about varus malunion and time to fracture healing. We postulated that if the cephalic implant did not cut out and there was no implant failure these fractures would have healed. In our opinion this is the most important issue in the elderly population when comparing two different cephalic implants. We agree with the authors that additional evaluation of malunion and time to healing could have been of interest, but would not add substantially to functional outcome.

### Reference

1. Stern R, Lübbecke A, Suva D, Miozzari H, Hoffmeyer P (2011) Prospective randomised study comparing screw versus helical blade in the treatment of low-energy trochanteric fractures. *Int Orthop* 35:1855–1861

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