

Decreasing Complications of Quadricepsplasty for Knee Contracture after Femoral Fracture Treatment with an External Fixator; Report of Four Cases - A Response

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I have read the article “Decreasing Complications of Quadricepsplasty for Knee Contracture after Femoral Fracture Treatment with an External Fixator: Report of Four Cases” [1]. I congratulate the authors for the description; however, I would like to make the following points:

1. The authors had mentioned nonunion of distal femur for the case discussed in article after CT- scan (figure 2), which seems to be united in x ray- AP view (figure 1). But the lateral view was not provided for the same case. As the CT scan - sagittal section resembles a lateral view of the distal femur and there was no need of CT scan. Routine antero-posterior view and lateral view are enough to assess the union and if needed oblique views can be taken. This saves the patient from unnecessary radiation hazard of CT-scan.
2. With the use of ilizarov external fixator for femoral reconstruction, the tensioned wires do not cause over-tightening of skin. Quadricepsplasty is an elective procedure, purposefully giving the scar of skin grafting is not a profitable decision as after skin grafting, active quadriceps exercises would be delayed leading to failure of surgery and shows lack of preoperative planning.

The letter intends to bring these important issues to the kind notice of readers.

References:

1. Noda M, Saegusa Y, Takahashi M, Kashiwagi N, Seto Y. Decreasing Complications of Quadricepsplasty for Knee Contracture after Femoral Fracture Treatment with an External Fixator- Report of Four Cases. Journal of Orthopaedic Case Reports 2013 Jan March;3(1):3-6

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