

AUTHOR'S REPLY

Dear Sir,

We refer to the letter by Arora⁽¹⁾ where the author raises several issues concerning the use of retrograde intramedullary (IM) nails and our decision to stop the administration of clexane a day prior to surgery.

Firstly, we would like to clarify that the use of the term “femoral nerve palsy” is incorrect. “Palsy” often implies longstanding and even permanent damage to the nerves. In our case,⁽²⁾ the results of the electromyography studies revealed a pattern consistent with that of neuropraxia, which was to be anticipated despite careful retraction during proximal interlocking. The patient was informed of such risks preoperatively, and we also noted a full resolution of the femoral nerve neuropraxia. Secondly, with regard to the possibility of stress riser effect, since the IM nail in our patient⁽²⁾ was placed within the femur proximal to the trochanter, the likelihood of this effect was probably minimal. Moreover, proximal femoral locking plates will still require non-weight bearing for a period of 4–6 weeks. This will result in disuse osteopenia and muscle atrophy. By opting for IM nailing, the patient was allowed to commence on immediate weight-bearing.

Thirdly, due to the spontaneous fusion of the right hip, the proximal femoral bone stock was likely to be sclerotic. It was anticipated that proximal femoral nail excess would thus be difficult. Furthermore, systems that were available four years ago often required over-reaming by a diameter of 13–17 mm. The newer generation of IM nails requiring trochanteric access with smaller diameters was not available then. However, we would agree that, were a similar case to occur in our practice today, the options raised by the author⁽¹⁾ should be considered. Lastly, a meta-analysis⁽³⁾ of different low-molecular-weight heparin administration regimens also suggested an increase in bleeding following a perioperative administration regimen. Considering all these factors, we decided to err on the side of caution and stopped clexane a day prior to surgery.

Yours sincerely,

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