

## Reply to Letter to the Editor

### Intramedullary Nails Result in More Reoperations Than Sliding Hip Screws in Two-part Intertrochanteric Fractures

Kjell Matre MD, Leif Ivar Havelin MD, PhD,  
Jan-Erik Gjertsen MD, PhD, Birgitte Espehaug MSc, PhD,  
Jonas Meling Fevang MD, PhD

Received: 8 February 2013 / Accepted: 21 February 2013 / Published online: 5 March 2013  
© The Association of Bone and Joint Surgeons® 2013

We thank Drs. Akcay, Satoglu, and Kurtuluş for their response to our article [2]. We agree that analyses of the patients' radiographic images would add important information to the question whether intramedullary nails or sliding hip screws should be the preferred implants for trochanteric fractures. Valuable information also would be added if we could access patient files to correlate clinical findings to radiographic and overall outcome. We appreciate their idea of separately addressing the reasons for reoperations, and will consider future studies as they described.

Preferably, radiographs and files from patients with and without complications or reoperations should be analyzed in such studies to address the reasons for failure in detail. This would enable us to better characterize failures and relate them to the initial fracture reduction and implant position (such as the tip-apex distance). However, in a large hip fracture registry including thousands of patients, collecting, classifying, and analyzing radiographs and

patient files would be a major challenge and add a substantial workload to those running the registry and to all colleagues and hospitals reporting data to the registry. In our opinion, a well-performed, randomized, controlled trial, including the radiographic analyses suggested by Drs. Akcay, Satoglu, and Kurtuluş probably would be the best way to distinguish between implant and surgeon-related causes for reoperations. We recently published such a study including almost 700 patients [3].

Finally, despite that treatment with the sliding hip screw is considered the gold standard for this fracture type, the number of operations with intramedullary nails for simple two-part trochanteric fractures is increasing [1, 4]. Therefore, registry data as presented in our article need to be published, and the evidence-based bottom line should not be forgotten.

#### References

1. Anglen JO, Weinstein JN; American Board of Orthopaedic Surgery Research Committee. Nail or plate fixation of intertrochanteric hip fractures: changing pattern of practice. A review of the American Board of Orthopaedic Surgery Database. *J Bone Joint Surg Am.* 2008;90:700–707.
2. Matre K, Havelin LI, Gjertsen JE, Espehaug B, Fevang JM. Intramedullary nails result in more reoperations than sliding hip screws in two-part intertrochanteric fractures. *Clin Orthop Relat Res.* 2012 Dec 7. [Epub ahead of print]
3. Matre K, Vinje T, Havelin LI, Gjertsen JE, Furnes O, Espehaug B, Kjellevoid SH, Fevang JM. Trigen Intertan intramedullary nail versus sliding hip screw: a prospective, randomized multicenter study on pain, function, and complications in 684 patients with an intertrochanteric or subtrochanteric fracture and one year of follow-up. *J Bone Joint Surg Am.* 2013;95:200–208.
4. Rogmark C, Spetz CL, Garellick G. More intramedullary nails and arthroplasties for treatment of hip fractures in Sweden. *Acta Orthop.* 2010;81:588–592.

---

Re: Matre K, Havelin LI, Gjertsen JE, Espehaug B, Fevang JM. Intramedullary nails result in more reoperations than sliding hip screws in two-part intertrochanteric fractures. *Clin Orthop Relat Res.* 2012 Dec 7. [Epub ahead of print]

All ICMJE Conflict of Interest Forms for authors and *Clinical Orthopaedics and Related Research* editors and board members are on file with the publication and can be viewed on request.

---

K. Matre (✉), L. I. Havelin, J.-E. Gjertsen, B. Espehaug, J. M. Fevang

Department of Orthopaedic Surgery, Haukeland University Hospital, Jonas Lies Vei 65, N-5021 Bergen, Norway  
e-mail: kjell.matre@helse-bergen.no