Letter to the editor on 'Modified anatomical posterolateral corner reconstruction of the knee using combined fibula-and tibia-based anatomic reconstruction with tibial posterior cortical fixation using a titanium staple' Ahmed A. Khalifa

Orthopaedic Department, Qena Faculty of Medicine and University Hospital, South Valley University, Qena, Egypt

Correspondence to Ahmed A. Khalifa, MD, FRCS, MSc, Orthopaedic and Traumatology, Qena Faculty of Medicine, South Valley University, Qena, Egypt, Kilo 6 Qena-Safaga Highway, Orthopaedic Department, Qena University Hospital, South Valley University, Qena 83523, Egypt Tel: +20965337573; Web address: http://www.svu.edu.eg; Mob: +00201224466151; e-mail: ahmed_adel0391@med.svu.edu.eg, khalifaahmed8486@yahoo.com Egypt Orthop J 2023, 58:316 © 2024 The Egyptian Orthopaedic Journal 1110-1148

Received: 29 July 2023 Revised: 29 July 2023 Accepted: 30 July 2023 Published: 27 January 2024

The Egyptian Orthopaedic Journal 2023, 58:316

Dear Editor, I have read with interest the article published by El Sayed Elforse entitled 'Modified anatomical posterolateral corner reconstruction of the knee using combined fibula-and tibia-based anatomic reconstruction with tibial posterior cortical fixation using a titanium staple' [1]; however, I found some issues in need for clarification by the author.

The author elegantly reported his results of adopting a modified technique for managing chronic posterolateral corner (PLC) injuries; however, there was a discrepancy regarding the period of the study; in the abstract, it was stated that the study was carried out between August 2016 and July 2018, while in the patients and methods section, the study period was stated between August 2019 and July 2021.

The author reported performing side-to-side difference in varus stress radiographs to indicate the lateral opening; however, in the mentioned, the author measured the lateral opening of the left knee, which is obviously wider than the right side, however, in the postoperative radiograph he included a radiograph of an operated right knee.

All patients included in the study had concomitant injuries, either cruciate ligament injuries, chondral injuries, or meniscal injuries; the author reported applying a single rehabilitation protocol for all patients; however, some authors advised individualizing the rehabilitation protocol according to the injury types and the reconstruction performed [2,3]. What was the rationale for applying the same rehabilitation protocol? Finally, relying only on tibial fixation by a titanium staple application does not guarantee the long-lasting stability of this kind of reconstruction, which is a significant drawback of the technique.

Acknowledgements

None.

Financial support and sponsorship

This research did not receive any specific grant from funding agencies in the public, commercial, or not-forprofit sectors.

Ethical approval

Not applicable.

Conflicts of interest

The authors declare no conflict of interest.

References

- 1 Elforse ES. Modified anatomical posterolateral corner reconstruction of the knee using combined fibula-and tibia-based anatomic reconstruction with tibial posterior cortical fixation using a titanium staple. Egypt Orthop J 2023; 58:8-14. doi: 10.4103/eoj.eoj_66_22
- 2 LaPrade RF, Wentorf F. Diagnosis and treatment of posterolateral knee injuries. Clin Orthop Relat Res 2002; 402:110-121. doi: 10.1097/00003086-200209000-00010
- 3 Shon OJ, Park JW, Kim BJ. Current concepts of posterolateral corner injuries of the knee. Knee Surg Relat Res 2017; 29:256-268. doi: 10.5792/ksrr.16.029

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.