

LETTER TO THE EDITOR

Reply - Letter to the Editor: Trans-Table Intraoperative Fluoroscopic Technique for Obtaining a True Lateral View of the Proximal Femur in the Lateral Decubitus Position

Dear Editor

We read with great interest the article "Trans-Table Intraoperative Fluoroscopic Technique for Obtaining a True Lateral View of the Proximal Femur in the Lateral Decubitus Position" by Pisoudeh, K et al.¹ We acknowledge the authors' efforts to elucidate the effectiveness of trans-table intraoperative fluoroscopy as a technique for obtaining a true lateral view in the management of proximal femoral fractures. However, we had several concerns about the study results and believe that the authors' responses may help to address them.

In the images in the article,¹ we can see that the proximal part of the femoral head is still partially obscured. This can be caused by positioning the patient in true lateral decubitus. Adjusting their posture to a semi-lateral decubitus position may enhance femoral head imaging

quality during surgery, especially for patients with obesity or high muscle mass.

Sincerely,

Zhi-Hong, Zheng MD ^{1,2,3}

1 Department of Orthopedic Surgery, National Defense Medical Center, Tri-Service General Hospital, Taipei, Taiwan

2 Department of Orthopedic Surgery, Hualien Armed Forces General Hospital, Taiwan

3 Department of Orthopedic Surgery, Tri-Service General Hospital Keelung branch, Taiwan

References

1. Pisoudeh K, Elahifar O, Alimoghadam S, Eslami A. Trans-Table Intraoperative Fluoroscopic Technique for Obtaining a True Lateral View of the Proximal Femur in the Lateral Decubitus

Position. Arch Bone Jt Surg. 2023; 11(8):531. doi: 10.22038/ABJS.2023.73085.3386.

Response to the Letter 1**Dear Editor**

We appreciate your interest in our article, "Trans-Table Intraoperative Fluoroscopic Technique for Obtaining a True Lateral View of the Proximal Femur in the Lateral Decubitus Position" Your concerns are valid, and we would like to provide some insights into the points you raised.

You mentioned that in the images in the article, the proximal part of the femoral head is still somewhat obscured, which may be attributed to the actual lateral decubitus position. We

agree that obtaining a true and complete lateral view can sometimes be challenging due to various factors, including patient-specific characteristics such as high patient BMI and fracture type. While positioning the patient in a semi-lateral position can potentially increase the quality of imaging of the femoral head, it is important to balance the advantages of image quality with the practicality of this technique.

The advantage of our proposed method is that it allows obtaining a true lateral view without the need to reposition the patient during surgery. The position we describe aims to find a compromise between practicality and image quality,



THE ONLINE VERSION OF THIS ARTICLE
ABJS.MUMS.AC.IR

and has been effective in our experience, especially for complex fractures or obese patients.¹ However, we acknowledge that there may be cases where further adjustments, as you suggested, could improve image quality. Surgeons should consider patient-specific factors and choose the most appropriate technique accordingly. For example, in fractures where we intend to use an intramedullary nail, the use of the semi-lateral position will be associated with many challenges, and a sub-optimal image can be more important in addition to the easier surgical technique.

We hope our response clarifies some of your concerns, and we are open to further discussion and suggestions to refine the technique and improve patient outcomes in the management of proximal femoral fractures.

Sincerely,
Arvin Eslami. MD ¹

¹ Department of Orthopedic, School of Medicine, Iran University of Medical Sciences, Tehran, Iran

References

1. Pisoudeh K, Elahifar O, Alimoghadam S, Eslami A. Trans-Table Intraoperative Fluoroscopic Technique for Obtaining a True Lateral View of the Proximal Femur in the Lateral Decubitus

Position. Arch Bone Jt Surg.2023; 11(8):531-534. doi: 10.22038/ABJS.2023.73085.3386.

Response to the Letter 2

Dear Editor

We appreciate your valuable feedback on our recent article, "Trans-Table Intraoperative Fluoroscopic Technique for Obtaining a True Lateral View of the Proximal Femur in the Lateral Decubitus Position."

Your observations regarding the challenges posed by patient-specific factors and the difficulty of obtaining unobstructed images in this context are well-founded. We fully acknowledge these hurdles and recognize the importance of addressing them to enhance the quality of care we provide to our patients.

Our proposed technique, as outlined in the article, has been carefully designed to strike a balance between practicality and image quality. It aims to enable the achievement of a true lateral view without requiring patient repositioning during surgery. We firmly believe that this approach holds promise for improving the overall surgical process in cases of proximal femoral fractures.

However, we concur with your viewpoint that there may be instances where further adjustments and refinements are

warranted. Patient-specific factors play a critical role in selecting the most suitable technique for each case. We emphasize the need for surgeons to thoroughly consider these factors and make informed decisions accordingly.

Your willingness to engage in further discussion and offer suggestions for the improvement of our technique is greatly appreciated. We are committed to ongoing collaboration and the exploration of ways to refine and enhance our approach. Our collective goal is to improve patient outcomes and deliver the highest level of care to individuals with proximal femoral fractures.

Once again, we extend our gratitude for your valuable insights, and we look forward to the opportunity to work together to advance this field.

Sincerely,
Shaya Alimoghadam ¹

¹ Department of Orthopedic, School of Medicine, Iran University of Medical Sciences, Tehran, Iran