

**LETTER TO THE EDITOR**

# Femoral Condyle Fracture during Anterior Cruciate Ligament Reconstruction

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Dear Editor,

I have greatly enjoyed reading the case report entitled "Femoral Condyle Fracture during Revision of Anterior Cruciate Ligament Reconstruction: Case Report and a Review of Literature" in the issue of Arch Bone Jt Surg. 2015; 3(2):137-40 with great interest. I would like to commend the authors for their detailed and valuable work.

Although various case reports have described postoperative distal femur fracture at a range of time intervals (1,2), intraoperative intraarticular distal femur fracture is a unique entity.

However, I believe that some important additional observations seem necessary to be contributed through this study. In this article, the authors stated that, to the best of their knowledge, there is no other case report in the literature introducing a femoral condyle fracture during arthroscopic ACL reconstruction or revision

reconstruction. Nevertheless, I would like to call the attention of the readers to the fact that the literature contains one additional case report reporting on intraoperative distal femoral coronal plane (Hoffa) fracture during primary ACL reconstruction (2). Werner BC and Miller MD presented of case report of an intraoperative distal femoral coronal plane (Hoffa) fracture that occurred during independent femoral tunnel drilling and dilation in a primary ACL reconstruction. As in the their case, this type of fracture can occur with appropriately placed femoral tunnels, but the risk can increase with larger graft diameters in patients with smaller lateral femoral condyles. The patient was treated with open reduction and internal fixation, without compromise of graft stability and with good recovery of function. I believe that tailoring graft size to the size of the patient is important to prevent these adverse events.

## References

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2. Werner BC, Miller MD. Intraoperative Hoffa fracture during primary ACL reconstruction: can hamstring graft and tunnel diameter be too large? Arthroscopy. 2014;30(5):645-50.

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