Authors’ reply
1. The definition of elderly or old age varies in different societies. For example, in the National Policy on Older Persons in India, ‘senior citizen’ or ‘elderly’ is defined as a person who is aged 60 years or older. The World Health Organization, in some situations of policy making and implementation, define elderly as young as 50 years. In our study, the cut-off age of 55 years was used. We only included patients who underwent bipolar hemiarthroplasty for displaced femoral neck fractures. Total hip arthroplasty is the treatment of choice worldwide including at our institute. Total hip arthroplasty was not performed owing to various factors, including financial constraints.
2. In our study, bone quality was assessed using radiographs and the Singh index. Osteoporosis was defined as a Singh index of grade 3 or less or Dorr type C. Dual energy X-ray absorptiometry is the gold standard, but was not available for our study.
3. The patients were allowed partial weight bearing initially and then full weight bearing once they were comfortable as per the institute physiotherapy protocol. With an increasing number of cemented prosthesis procedures and improvement in our expertise in cementing technique and physiotherapy care, we now also encourage early full weight bearing mobilisation in the first week.
4. We meant to emphasise that limb-length discrepancy of <3.2 cm does not affect the Harris hip score.

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Outcome after knee arthrodesis for failed septic total knee replacement using a monolateral external fixator

To the Editor:
We read with interest the article by Corona et al.1 The authors concluded that: “When fusion is achieved, patients had good pain relief and satisfaction.” 82% of those who achieved fusion were satisfied, whereas 100% of those who did not achieve fusion were dissatisfied. However, this self-administered patient satisfaction scale2 has not been validated for knee arthrodesis for failed septic total knee replacement. The scale is for primary hip and knee arthroplasty and consists of 4 items: satisfaction with the extent of pain relief, improvement in ability to perform home or yard work, ability to perform recreational activities, and overall satisfaction with joint replacement. It is our view that responses from this cohort should have been scored using a Likert scale,3 with a total score ranging from 25 to 100 per question. This validated outcome measure would enable more standardised comparison with future work.

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REFERENCES