Valgus osteotomy in recent intracapsular femoral neck fractures

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We read with interest the article by Said et al. [1]. We compliment the authors for highlighting a technically easy surgical option for this difficult clinical problem. The author's use of a blade plate device in recent intracapsular femoral neck fractures has raised a few queries. The authors have performed this procedure in 19 recent femoral neck fractures. It would be interesting to know the criteria for patient selection for valgus osteotomy in recent fractures. Was it offered to all young individuals or was it reserved for recent fractures with higher inclination?

In recent fractures, an inherent disadvantage of a blade plate is that it does not allow compression at the fracture site predisposing to delayed or non union [2]. Was a lag

screw also used in conjunction with the blade plate in these patients?

References

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