Reply to the letter to the editor: Has the role of exchange nailing in femoral nonunion diminished?

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I thank Drs. Trikha and Yadav for their interest in our article [1]. I quite agree that standard femoral nailing, reamed and static locked are primary surgical choices. Our institute receives patients with fracture complications who have been treated in district hospitals and hospitals in other African and Asian countries. That is how some of our cases present with nonunions after unreamed and unlocked femoral nailing.

Exchange nailing is the advised procedure in selected cases of femoral nonunions of the isthmus region. Exchange nailing, however, is not recommended in nonunions associated with angular or rotational deformity, in ununited comminuted fractures with wide fragment displacement and in fractures in the lower third of the femur, due to instability [2–4]. Recently, a high incidence of failure requiring additional procedures has been reported after indiscriminate use of exchange nailing [5–7]. Dynamisation is not a reliable procedure to enhance healing, as it sometimes results in significant instability and shortening [7]. Bone dust resulting from reaming is not always effective in cases with widely displaced fragments. The technique of pate

augmentation with the nail in situ is an additional tool in our armamentarium to deal with the difficult problem of femoral nonunions after intramedullary nailing.

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