Comments on Chen et al.: Conservative versus surgical management of Pipkin type I fractures associated with posterior dislocation of the hip: a randomised controlled trial

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Dear Editor,

We intend to drop a few lines on our opinion and suggestions regarding the article “Conservative versus surgical management of Pipkin [1] type I fractures associated with posterior dislocation of the hip: a randomised controlled trial” penned by Zhi-wen Chen et al. and published in your journal (volume 35, 2011) [2]. The article was, indeed, an eye-opener and we appreciate the author’s efforts in evaluating the outcome following conservative and surgical managements in such a contentious situation as Pipkin’s fracture by a randomised controlled study.

The article, however, raised a few questions in our minds that we wish to address to the authors. First of all, we believe that the number of patients in the study may not be sufficient to decide upon the ideal management protocol in this controversial injury. Secondly, the authors have observed two patients with poor outcome in the conservatively managed population, while the surgically treated group had none with poor results. Both the patients in the conservatively treated group with poor outcome developed avascular necrosis of the femoral head. Since both the groups had a similar closed reduction protocol that was followed and no patient in the study required any additional surgical intervention to achieve relocation of the joint, we believe that there was no additional insult that can explain this unfortunate compli-

cation in these patients. Barring this, we observe that the outcome was not significantly ameliorated by additional fragment excision and thus the inference that surgical fragment excision results in improved outcome may be skewed and debatable. Thirdly, a longer follow-up may facilitate a better assessment of the development of hip arthrosis in these injuries, which may be more relevant to this situation. The authors did not mention this complication in their article.

A recent review article [3] has suggested that excision of fragment would be a good option in Pipkin’s type I fractures, especially if the fragment is small, involving less than 1/3 of the head circumference. These injuries still remain a mystery and further large scale, randomised controlled, prospective trials need to be carried out to rationalise the medical fraternity’s approach to this problem. The author’s role in this respect is commendable.

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