Letter to editor

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We read with great interest the article of Chang-Wug Oh et al. [1]. However, we think that this paper needs a few comments.

In the last paragraph of the *Introduction* on page 1660, the authors stated that: “However, no study of a series of subtrochanteric fractures treated using a locking plate and minimally invasive plate osteosynthesis (MIPO) method has been undertaken.” One can mistakenly assume that the authors were the first to use this plate in the management of proximal femoral fractures.

The Less-Invasive Plating System (LISS; Synthes, Stratec Medical Ltd, Mezzovico, Switzerland) was initially developed by the Arbeitsgemeinschaft für Osteosynthesefragen (AO) for distal femoral fractures. Reverse LISS plating was proposed by Pryce et al. [6] for proximal segmental femoral fractures of the contralateral extremity in polytrauma patients. Reverse LISS plating technique has been effectively used in the management of periprosthetic fractures of the proximal femur as well [2, 4].

There have been proximal femoral locking plates recently designed with less proximal screws which seem to accomplish the same fixation as the “reverse” femoral LISS plate [3]. Hasenboehler et al. [3] reported the technique and results of a 4.5/5.0/7.3-mm locking plate (PF-LCP; Synthes, West Chester, PA) designed for the complex fractures of the proximal femur.

We also reported our results in the management of unstable proximal femoral extracapsular fractures using reverse

LISS femoral locking plates with a minimally invasive technique [5]. As far as I can understand from the intraoperative pictures and operative technique, the authors did not use any insertion handle. We think that one of the main advantages of reverse LISS plate over PF-LCP plate used in the pre-mentioned study [3] is that it can be used in a minimally invasive fashion with the aid of an insertion handle. Due to the copyright restrictions, I cannot send you my original drawings describing the operative technique. I also think that such an operation can hardly be described as a “minimally invasive plate osteosynthesis” without using the insertion handle.

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