Treatment and Displacement Affect the Reoperation Rate for Femoral Neck Fracture

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To the editor,

We read the study by Murphy et al. [4] with interest. In their study, the reoperation rate for displaced fractures is 38% after fixation, and 7% after hemiarthroplasty. The author concluded that hemiarthroplasty resulted in fewer reoperations than internal fixation, and displaced fractures underwent reoperation more than nondisplaced.

Murphy and colleagues reported an overall rate of failure of 38% in displaced internal fixation group. This failure rate is higher than a similar series by Healy et al. [1]. In the Healy and colleagues study, the authors reported 12.5% reoperation rate after internal fixation. Iorio et al. [2] stated that if urgent reduction was obtained, best functional results could be achieved in patients with a well-healed femoral neck without osteonecrosis after reduction and internal fixation of displaced femoral neck fractures in elderly patients. Patient selection and surgical skill were important variables, and THA was the best option in

patients with complex fractures, poor medical condition, and poor bone quality.

For intracapsular femoral neck fractures, time to operation is a determining factor of clinical outcomes. In the current study, the authors did not note the average of injury to operation time for internal fixation group. Therefore, high reoperation rates may be related to delayed surgery in the fixation group. Itadera et al. [3] reported that displaced femoral neck fractures that can be treated within 24 to 48 hours should be managed with internal fixation if they have a medial spike in the femoral head fragment (typical type). Itadera et al. [3] stated that crescent and mixed type without spike of the neck in the femoral head fragment were more complicated.

We would like to thank Murphy et al. for this paper. However, when considering the medical conditions of elderly patient groups, we believe internal fixation for displaced femoral neck fractures is still logical because of decreased blood loss, shorter operative time, and lower intraoperative mortality rates.

(Re: Murphy DK, Randell T, Brennan KL, Probe RA, Brennan ML. Treatment and displacement affect the reoperation rate for femoral neck fracture. *Clin Orthop Relat Res.* 2013;471:2691–2702.)

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