Reply to the Letter to the Editor

Reply to the Letter to the Editor: Increased Complication Rates After Hip and Knee Arthroplasty in Patients With Cirrhosis of the Liver

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To the editor,

While we appreciate the interest in our work and commentary by Drs. Peng and Jiao, we would like to emphasize several points, some of which are already discussed in the paper.

First, this is a retrospective study reviewing the practice and outcomes of patients during a 12-year period. The

procedures described reflect the best practice patterns at that time, and certainly the data presented in this study would not have been available to the treating surgeons. Because we did not have the ability to alter the surgical treatment, it should be clear why we did not “choose hemiarthroplasty” for these patients.

Second, Drs. Peng and Jiao state that hemiarthroplasty is a “more

suitable” operation for inactive patients with femoral neck fractures. We would like to remind them that none of the patients in this study were treated for femoral neck fractures. Additionally, their letter implies that all patients with cirrhosis of the liver are inactive and should be treated in the same way that inactive patients with femoral neck fractures are treated. This inference is not supported by any data.

Third, the authors state that they believe that patients with cirrhosis and arthritis might benefit from hemiarthroplasty. Hemiarthroplasty is not the treatment of choice for osteoarthritis of the hip and would be considered below the standard of care in North America. We felt that the referenced study by McConville et al. [1] is limited in that it is approximately 25 years old, has a lost to followup rate of 30%, a low number of patients (70), a short duration of followup (4.3 years), and a high-rate of revision (8.9%).

Finally, the quantitative physiologic scoring system that the authors referred to has been reported on in femoral neck fractures, not in patients with

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osteoarthritis. The data presented in our current study represents one of the largest cohorts of patients with liver cirrhosis treated with TKA or THA. We hope that it alerts caregivers to the alarmingly high rate of complications

in this group of patients. While there may be a role for hemiarthroplasty in these patients, it is currently not defined and we hope that this study might generate more research on how best to treat these patients.

Reference

1. McConville OR, Bowman AJ Jr, Kilfoyle RM, McConville JF, Mayo RA. Bipolar hemiarthroplasty in degenerative arthritis of the hip. 100 consecutive cases. *Clin Orthop Relat Res.* 1990;251:67–74.