may undermine the validity of the correlation. In the current study, the site of the subtrochanteric osteotomy was not fixed.

The subtrochanteric osteotomy did delay the union radiologically, but this did not have any clinical influence because all children were allowed to start weight bearing after 8 weeks based on progress of union and rigidity of fixation without waiting for full radiographic union.

The relatively short followup was the limitation to the study. The true incidence of recurrence may be missed in such studies.⁴⁻⁶ In the current study, it was stated that secondary subtrochanteric deformity remodels considerably though not fully. Longer followup periods are warranted.

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Author's reply

Sir,

Thanks for expressing interest¹ in the article titled, "Subtrochanteric valgus osteotomy in developmental coxa vara," published in *Indian Journal of Orthopaedics*,² and for delivering valuable comments. The purpose of the study was two fold. The first was offering an alternative method of rigid and stable fixation that alleviates the need of postoperative spica application to provide immobilization. The second purpose of the study was related to modification of the Pauwel's Y-shaped intertrochanteric osteotomy.

In this study, no direct correlation was drawn between the deformity correction in degrees and leg length in millimeters. Nevertheless, it has been theoretically and clinically verified that the same amount of deformity correction can be achieved with less amount of shortening in Y-shaped osteotomy than the classic V osteotomy.³ Besides, a direct correlation needs the osteotomy site to be fixed in relation to an anatomical landmark. Otherwise, measurement errors related to different osteotomy sites

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