Author reply

Sir,

Thank you for reading my article¹ with interest. I appreciate your efforts in bringing out certain details.²

Radiographic analysis of the hip in young children is unsatisfactory due to predominance of cartilage; hence, surgical plan for femoral derotation was based upon the intraoperative assessment. It is estimated by the angle between axis of knee joint (with the knee flexed to 90°) and axis of femoral neck by palpating the anterior aspect of femoral neck.³ This can also be estimated by CT or MRI analysis, but these investigations are costly and not routinely performed at our institute.

We found femoral neck anteversion more than 60° and difficulty in reduction of the hip joint in all of our cases. Hence, derotation component was added apart from femoral shortening in all of our cases. It facilitates reduction of the hip joint and is more effective in reducing the joint pressure, and hence in decreasing the rate of AVN and chondrolysis.⁴ After triple procedure, there is no need

for forced internal rotation as the hip is stable in neutral position.

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