Letters to Editor

general population. Tip of the greater trochanter (GT) was the entry point for all our cases. We faced GT fractures in two cases. Careful graduated reaming prevented shattering of GT in the rest of the cases. Same nails of a single manufacturer (Yogeshwar Implants (I) Pvt Ltd, Mumbai, India) were used for all cases. We fixed distal locking first as a matter of routine surgical technique at our hospital, which is influenced by our experience of fixation with proximal femoral nail. Temporary stabilization by 3 mm K-wires to avoid displacement of the proximal nail fracture construct is done before hand. No open reduction was needed for intracapsular fractures because in the majority of cases the fractures were undisplaced or minimally displaced. However, in a displaced fracture after stabilization of the femur, it is easy to reduce the fracture. Union in malposition was avoided because of careful closed reduction and fixation in satisfactory position aided by the implant *in situ*. Proper execution of the method can avoid the potential complication of malunion. Change of angle by osteotomy with or without bone graft leads to union in nonunion neck femur. The inherent differences in fracture biology between nonunion neck femur and shaft fractures need to be considered.³ Primary grafting was not needed in our study.

**Wasudeo Gadegone, Vijayanand Lokhande,
Yogesh Salphale, Alankar Ramteke¹**

*Department of Orthopaedics and Traumatology, Consultant
Orthopaedic Surgeon, Chandrapur Multispeciality Hospital,
Vivek Nagar, Chandrapur, ¹Department of Orthopaedics, Consultant
Orthopaedic Surgeon, Arthritis and Joint Replacement Clinic,
Ramdaspath, Nagpur, India*

Address for correspondence: Dr. WM Gadegone,
Vivek Nagar, Mul Road, Chandrapur - 442 401, India.
E-mail: gadegone123@yahoo.co.in

REFERENCES

1. Kumar CY. Long proximal femoral nail in ipsilateral fractures proximal femur and shaft of femur. *Indian J Orthop* 2014;48:439-40.
2. Gadegone W, Lokhande V, Salphale Y, Ramteke A. Long PFN for ipsilateral fractures of proximal femur and shaft of femur. *Indian J Orthop* 2013;47:272-7.
3. Gadegone WM, Ramteke AA, Lokhande V, Salphade Y. Valgus intertrochanteric osteotomy and fibular strut graft in the management of neglected femoral neck fracture. *Injury* 2013;44:763-8.

Author's reply

Sir,
We thank Kumar CY,¹ for keen interest in our article.² The reply to your each question is as follows.

We agree with the authors that these fractures are common in tertiary hospitals. Presentation of fractures in tertiary hospitals is not representative of the true incidence in the

Access this article online	
Quick Response Code:	Website: www.ijoonline.com
DOI: 10.4103/0019-5413.136318