



## Response to letter: Achilles tendon re-rupture

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Dear Sir,

It is of great interest that we have reviewed the letter from Professor Maffulli in regard to our article long-term follow-up of Achilles tendon re-ruptures [3]. We acknowledge Professor Maffulli's contribution to this field and thank for his comments on our publications. The letter refers to a publication from Maffulli et al. [1] including 21 re-ruptures with a median follow-up of 39 months using validated outcome measures; this article was not included in our review of the literature and we agree that it is an important publication that provides knowledge to the field. As stated in the letter, Maffulli et al. used a different less invasive surgical technique which was shown to yield good outcome. We would therefore like to thank Professor Maffulli for bringing this publication to our attention and will refer to it in future publications.

The surgical technique used in our publication utilizes a long incision; however, there is no evidence that the patients have increased morbidity due to the length of the incision. The free flap method used was described by Nilsson Helander et al. [2] and a main advantage with this technique is that it does not require any additional tendon harvesting and is less bulky. Looking at the functional results in our

study, they show superior results to the control group of primary ruptures, which is further evidence that the procedure is a reliable option. As stated, we did not include return to sport as an outcome measure. We do agree that this is important in this group of patients and aim to include this in future studies.

### References

1. Maffulli N, Oliva F, Del Buono A, Florio A, Maffulli G (2015) Surgical management of Achilles tendon re-ruptures: a prospective cohort study. *Int Orthop* 39:707–714
2. Nilsson-Helander K, Sward L, Silbernagel KG, Thomee R, Eriksson BI, Karlsson J (2008) A new surgical method to treat chronic ruptures and reruptures of the Achilles tendon. *Knee Surg Sports Traumatol Arthrosc* 16:614–620
3. Westin O, Nilsson Helander K, Gravare Silbernagel K, Samuelsson K, Brorsson A, Karlsson J (2018) Patients with an Achilles tendon re-rupture have long-term functional deficits and worse patient-reported outcome than primary ruptures. *Knee Surg Sports Traumatol Arthrosc* 26:3063–3072

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