

Comment on Mouzopoulos et al.: The four-year functional result after a displaced subcapital hip fracture treated with three different surgical options

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We congratulate Mouzopoulos et al. [1] on their excellent study and efforts to solve the controversies in the management of displaced fracture of the femoral neck in an elderly age group. We agree with the authors that total hip arthroplasty (THA) is cost effective and has a better functional outcome in elderly patients with subcapital femoral neck fracture, but we would like to have some clarifications of their study with respect to the following points:

1. Rate of dislocation in their study, as many studies show high dislocation rates of approximately 10–25% in THA for acute femoral neck fractures [2].
2. Type of implant used (cemented or uncemented THA), as cemented THA is associated with high mortality and uncemented THA needs prolonged non-weight-bearing mobilisation [3].
3. Approach used (posterior, anterior or lateral), as Sikorski and Barrington [4] reported a lower mortality rate with an anterior approach and Woo and Morrey [5] reported a lower dislocation rate with an anterolateral approach.
4. Other complications (like infection, blood loss, duration of surgery), as all these are more common with THA [6].

We would like to add that if the authors had clarified the above points then they could have come to a justified conclusion regarding mortality and dislocation. This article may become one of the landmark studies, as to this day controversy still exists regarding the ideal choice of prosthesis and surgery for elderly patients with displaced fracture of the femoral neck.

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