Letter to the editor regarding “Is capsulorrhaphy a necessary step during open reduction of developmental dysplasia of the hip? A randomized controlled trial”

Sadettin Ciftci¹ · Bahattin Kerem Aydın¹

Received: 22 February 2022 / Accepted: 24 February 2022 / Published online: 2 March 2022
© The Author(s) under exclusive licence to SICOT aisbl 2022

Dear Editor,

We have read the article titled “Is capsulorrhaphy a necessary step during open reduction of developmental dysplasia of the hip? A randomized controlled trial” by Badawy et al. with great interest [1]. This paper is concluded that capsulorrhaphy is not needed if bone procedures are done properly for the treatment of patients with developmental dysplasia of the hip (DDH). But, we think that there are some points to be taken into consideration for sending such a message according to their study.

Firstly, the authors applied Dega osteotomy to all the patients even to the babies under 18 months old. As it is known, periacetabular osteotomies such as Dega, Pemberton or Salter are mainly done older than 18 months of age as the thickness of iliac bone is not sufficient. Also getting auto graft from iliac bone and stabilization of the bone graft is quite difficult under 18 months of age [2].

The second point is about the follow-up time in hip spica cast. The advised follow-up time in spica cast of closed or open reduction to DDH patients is three months [3]. The follow-up time period for periacetabular osteotomy (most of them over 18 months) is mainly six weeks [4]. We could not understand the proper follow-up period in hip spica in this paper [1]. If they used 12-week period for hip spica, it is quite a long time for patients over two years old age. We think that this long time period in hip spica can be responsible for decreasing the necessity of capsulorrhaphy in DDH.

Depending on these points, we believe that the data and results in this study are not enough to say that capsulorrhaphy is not a necessity of open reduction of DDH. More detailed randomised clinical trials consisting of limited age patients are needed to conclude about the necessity of capsulorrhaphy during open reduction of DDH.

Author contribution All authors (Sadettin Çiftci, Bahattin Kerem Aydın) have read and analysed the article. Then, The first author (Sadettin Çiftci) wrote the letter and second author checked and edited it. Both authors contributed to the letter.

Data availability Not applicable.

Declarations

Ethical approval Not applicable.

Consent to participate Not applicable.

Consent to publish Not applicable.

Competing interests The authors declare no competing interests.

References

1. Badawy MY, Afifi A, Shaker ES, Elbarbary H, Hegazy M, Mohamed MT, Arafa A (2021) Is capsulorrhaphy a necessary step during open reduction of developmental dysplasia of the hip? A randomized controlled trial. *Int Orthop* 46:589–596
2. Murphy RF, Kim YJ (2016) Surgical management of pediatric developmental dysplasia of the hip. *J Am Acad Orthop Surg* 24(9):615–624
3. Iyeten Y, Turkmen I, Saglam Y, Akcal MA, Unay K, Unsac B (2015) A modified surgical approach of the hip in children: is it safe and reliable in patients with developmental hip dysplasia? *J Child Orthop* 9(3):199–207
4. Glorion C (2018) Surgical reduction of congenital hip dislocation. *Orthop Traumatol Surg Res* 104(1):S147–S157

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

This comment refers to the article available online at <https://doi.org/10.1007/s00264-021-05267-z>.

✉ Sadettin Ciftci
dr.sadettinciftci@gmail.com

Bahattin Kerem Aydın
bkaydin@yahoo.com

¹ Faculty of Medicine, Department of Orthopaedics and Traumatology, Selcuk University, Alaeddin Keykubat Campus, 42100 Selcuklu, Konya, Turkey