

Letter to the editor

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Re : Sanjay Sinha · Ravi Singh · P. L. S. Li (2009) Avulsion fracture of tibial tuberosity with simultaneous contralateral proximal tibial epiphyseal fracture in an adolescent. *Eur J Orthop Surg Traumatol* 19: 47–50

Dear Sir,

I read the above-mentioned publication with interest. It is indeed a rare combination, which was dealt with in an appropriate manner. However, the description of fracture does not seem to be satisfactory.

The tibial tuberosity fracture is commonly classified by the classification system used by Watson and Jones [1]. It was divided into 3 types depending on the fracture line. Ogden et al. [2] further modified each type into 2 subtypes—A and B. This was to include the comminution and displacement of the fractured fragments. Frankl et al. [3] proposed a type 1C for a fracture of the distal portion of the tibial tubercle with avulsion of the patellar ligament. In 1985, Ryu and Debenham put forward an addition of type 4 to the classification of Watson and Jones [4]. In type 4, there is a propagation of fracture forces into the posterior cortex as either a Salter–Harris Type 1 or 2 injury.

In the above-mentioned, the left knee fracture would be described as a Watson and Jones type 4 (Ryu and Debenham modification) fracture.

The right knee fracture would be described as Watson and Jones type 3 B (B subtype is addition by Ogden et al.).

References

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3. Frankl U, Wasilewski SA, Healy WL (1990) Avulsion fracture of the tibial tubercle with avulsion of the patellar ligament. Report of two cases. *J Bone Joint Surg Am* 72-A(9):1411–1413
4. Ryu RK, Debenham JO (1985) An unusual avulsion fracture of the proximal tibial epiphysis. Case report and proposed addition to the Watson–Jones classification. *Clin Orthop Relat Res* 194:181–184

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