



Comparison of magnesium versus titanium screw fixation for biplane chevron medial malleolar osteotomy in the treatment of osteochondral lesions of the talus

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We were interested to read the article by Acar et al. published in *European Journal of Orthopaedic Surgery & Traumatology* in 2020. The objective of the study was ‘Comparison of magnesium versus titanium screw fixation for biplane chevron medial malleolar osteotomy in the treatment of osteochondral lesions of the talus’ [1].

Honestly, the objective and results of the study are noteworthy and we have some questions for author:

1. Author said that splint was removed at 6th week and then ROM exercise was started [1]. Total weight-bearing was encouraged at the end of 8–10 weeks. Total weight-bearing was given following partial weight-bearing at the rehabilitation. Why didn't you start partial weight-bearing?
2. Author pointed that, osteotomy union was achieved within the first 3 months, but CT images that follow-up the radiolucent zone using magnesium screws are given at Figure 6d, showing that not fully union at 4th month. Where does the difference in union times come from?
3. Author reported the rate of implant removal statistically similar in both groups. Author discussed the implant removal necessary lower compared to the other studies since headless screws and magnesium screws no needed the implant removal advantage. In this light, are we need to compare rate of implant removal rate? One patient

screw was removed due to skin irritation. Is this a technical application error?

4. Author discussed that using magnesium screws would save more money due to lack of implant removal, but the implant removal rate was similar and union results were similar. Why should we use these expensive magnesium screws?

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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Reference

1. Acar B, Kose O, Unal M, Turan A, Kati YA, Guler F (2020) Comparison of magnesium versus titanium screw fixation for biplane chevron medial malleolar osteotomy in the treatment of osteochondral lesions of the talus. *Eur J Orthop Surg Traumatol* 30:163–173

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