Letter to the Editor

Letter to the Editor: Complications of Total Hip Arthroplasty: Standardized List, Definitions, and Stratification Developed by the Hip Society

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To the editor,

We read the study by Healy and colleagues [3] with great interest. The authors accurately created a standardized list of relevant complications after hip replacement surgery, which we found relevant and useful. The results of the study allows orthopaedic surgeons around the world to homogenize followup, as well as report complications that significantly impact short-

and long-term outcomes of hip arthroplasty patients.

The 19 items included in the list precisely represent the most common problems surgeons face when performing this type of surgery. However, we would like to propose a reconsideration of the exclusion of limb-length discrepancy from this list. Although Healy and colleagues provided sound reasons for excluding limb-length discrepancy from the list—lack of consensus, lack of support in the experts' survey, and failure to be

validated in the clinical case evaluation [3]—we still consider limb-length discrepancy a complication that can greatly affect a patient's health.

Limb-length discrepancy after primary THA is a common problem, the frequency of which has differed in studies [4, 6]. The incidence of limb-length discrepancy ranges from 1% to 27% of typical THA procedures [1, 6]. Additionally, depending on the method of assessment, differences between 3 mm and 17 mm can be seen in both lengthening and shortening [1, 2]. To date, there is no consensus regarding the magnitude of limb-length discrepancy tolerated, nonetheless, most studies conclude that discrepancies greater than 10 mm are associated with complaints from patients [1, 9]. A discrepancy of this size compromises patients' functionality, overall satisfaction with the procedure, and can lead to revision surgery [5, 7]

Regardless of the lack of validation of limb-length discrepancy as a complication, it may be stratified as a Grade 2 or 3, according to the authors' proposed stratification [3]. Moreover,

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this adverse outcome should not be underestimated, especially for the biomechanical disturbances it causes in patients with large discrepancies [8], and the development of several intra-operative techniques that have proven to accurately equalize lower limbs [1].

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