Reply to the Letter to the Editor

Reply to the Letter to the Editor: Negative Pressure Wound Therapy in Grade IIIB Tibial Fractures: Fewer Infections and Fewer Flap Procedures?

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To the Editor,

We appreciate the recent letter to the editor regarding our study. We agree that Drs. Ana and Mehrotra have presented a simple and innovative approach in delivering the benefits of negative pressure wound therapy to complex wounds in austere environments. The case study they included demonstrates a successful outcome of a highly traumatized limb at high risk for infection and amputation. The authors adapted method of negative

pressure application likely contributed to their successful limb-salvage outcome.

It is hard to determine from the figures provided whether there is some measure of negative pressure actually applied and ongoing to the wound bed directly. It would be interesting to try to determine the actual tension and pressure achieved at the wound bed level with this new method to assess whether the degree of negative pressure achieved with their approach will be

consistently sufficient to induce healing at the level of the wound. Such pressure data would provide more insight regarding the best level of negative pressure needed with this approach to treat these wounds, as well as help determine whether the negative pressure requires a direct interface with the wound bed itself. It would also be interesting to know the average volume of exudate obtained from their method.

We thank the authors for their valuable dialogue and contribution to our article. We hope the work in this area continues.

(RE: Schlatterer DR, Hirschfeld AG, Webb LX. Negative pressure wound therapy in Grade IIIB tibial fractures: Fewer infections and fewer flap procedures? *Clin Orthop Relat Res.* 2015;473:1802–1811).

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