



# Peroneus Longus Graft Harvest: A Technique Note

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I have read with great interest the paper “Arora, M., Shukla, T. Peroneus Longus Graft Harvest: A Technique Note. *JOIO* 57, 611–616 (2023). The authors have presented the technique in detail and covered most of the points remarkably well. However, the risk of injury to neural structures with tendon harvesting is well recognized and is distressing to the patient and subsequent outcome. The authors did cover about peroneal nerve, and, in my opinion, risks to sural nerve and tips to minimize them, while harvesting peroneus longus tendon (PLT) needs to be addressed as well.

PLT harvesting is associated with paresthesia’s to foot and ankle region ranging from 4.3 to 14.1%. The sural nerve can be attributed to 8.3% of paresthesia’s post-PL harvesting [1]. The cadaveric studies advocate that moving 2 cm proximally from the midpoint of lateral malleolus puts sural nerve at low risk while PLT harvesting, as the distance between sural nerve and tendon stripper increases from 4.9 to 10.8 mm [2]. Further, the distance is farthest in 30-degree plantar flexion as compared to neutral or dorsiflexed ankle [3]. This understanding of applied anatomy will put sural nerve to minimal risk while harvesting PLT.

In essence, the technique should not only refer to harvesting tendon, but also to tips minimizing the complications. This factual awareness to the surgeons will help achieving expectant patient outcomes.

**Data availability** Not applicable.

## Declarations

**Conflict of Interest** The author declares no conflicts of interest.

**Ethical Standard Statement** This article does not contain any studies with human or animal subjects performed by the any of the authors.

**Informed Consent** For this type of study informed consent is not required.

## References

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