Sir,

We read this article with interest and would like to make the following points:

The primary outcome measure used was quality of life at four months after operation. Secondary outcome measures were investigated at 12 months. We believe that these outcome measures might have caused bias: if any of the index procedures have failed after 12 months, they would not have been captured. Revision surgery for failed sliding hip screw (SHS) is often performed 12 months after the first operation. The timing of revision surgery is affected by the time needed for fracture healing, patient optimization, and long waiting lists, which may be exacerbated by COVID-19.

We note that, of the 564 patients allocated to the X-Bolt group, 55 (10%) had a SHS. For 20 of these 55 patients, this was the choice of the surgeon. No information was given about the rationale for this change in treatment. Although this did not compromise the validity of the study, we are interested to know the reasons for the change in procedure.

Data on functional status were available for 57% of patients. Do the authors think that the potential for attrition bias affected the validity of this outcome measure?

The authors commented that radiological outcomes were collected from any radiograph taken within the first 12 months post-surgery and that these results will be reported elsewhere. No information was provided on the quality of fixation (e.g. tip-apex distance which is known to correlate with failure rates between the X-Bolt and SHS groups), nor was any information provided on the quality and maintenance of the initial closed reduction. Postoperative shortening and/or loss of femoral offset are associated with worse patient outcomes.

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Conflicts of Interest: None