

Closed retrograde retrieval of the distal broken segment of femoral cannulated intramedullary nail using a ball-tipped guide wire: A comment

Sir,

We read with great interest the article by Metikala and Mohammed entitled “Closed retrograde retrieval of the distal broken segment of femoral cannulated intramedullary nail using a ball-tipped guide wire”¹ Apart from the technique mentioned in their article, various other techniques for retrieval of distal broken segment of femoral cannulated nail have been described in the literature.²⁻⁶ The authors have reported successful retrieval in eight cases of distal broken segment of femoral nail. However, we would like to make the following points:

The authors’ idea of advancing the guide wire into the naïve knee joint seems questionable. The authors have mentioned that the retrieval was performed under image guidance to ensure exit in the knee joint at roughly a point that corresponds to the entry point for a retrograde femoral nail. But, it may not always be feasible to manoeuvre the small broken distal nail fragment with the help of a guide wire from the greater trochanter so as to achieve a desired exit in the knee joint. Moreover, coronal or sagittal plane angulations of the non-union site with broken nail *in situ* may further preclude the described method. Because it entails the first step of the described technique, one may not be able to proceed further with this method.

The authors have identified the distal shaft as the most common fracture site and proximal of the two distal locking holes as the most common site of nail breakage. But, the illustrative case shown in the article had neither of these characteristics.¹ The case had a large broken distal nail segment that could have been extracted by other methods without violating the knee joint. For some strange reasons, the authors have not mentioned few facts that are vital for any original article. Whether the study design was

prospective or retrospective, whether an approval from the institutional review board was granted, details of the preoperative and postoperative knee functional scores and their statistical analysis.

The authors had used a 5-mm cannulated drill bit from the anterior cruciate ligament (ACL) reconstruction set. We have made *in vitro* attempts to pass the ACL drill bits over the femoral interlocking nail guide wires of various manufacturers, but all in vain. The authors are requested to provide the manufacturers details of guide wires as well as drill bits for benefit of readers.

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