

## Author's reply

Sir,

We are happy to note that our article has been read with keen interest by our peers.<sup>1,2</sup> Our responses to the questions raised are as follows:

Regarding the citation of Ring *et al.*, in our article, the duration of 5-192 months can be found in the article by Ring, Perry and Jupiter.<sup>3</sup> This is reference no. 1 in the bibliography. However, it has been wrongly mentioned as reference no. 3 in the body of the article. We request the readers to kindly refer to the first reference.

Regarding the issue of “working length” of the plate, we did not believe that reduced working length minimizes implant failure. Smith *et al.*, have stated that few screws can be missed in the middle of the plate to increase the working length.<sup>4</sup> They have stated so in the context of minimally invasive plating of comminuted fractures using locking compression plate (LCP) as a “bridging plate.” However, we have used the LCP in a different context, i.e., nonunion of the humerus. In long standing nonunions following previous failed internal fixation, bone farther away from the fracture site is also likely to be compromised due to stress shielding from the plate, previous screw holes, cortical thinning from a nail and disuse osteoporosis. If the bone segment farther away from the plate can afford reliable screw purchase, it may be possible to omit a few screws in the middle. However, this is rarely the case in previously treated nonunions of humerus. This necessitated the use of almost all screw holes in the plate.

Surgical management should aim toward achieving bony union by tailoring the approach to the confronting pathology.

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