

Slipped upper femoral epiphysis: Outcome after in situ fixation and capital realignment technique

Sir.

We read the article "slipped upper femoral epiphysis (SUFE): outcome after *in situ* fixation and capital realignment technique" with interest.¹ This study is first of its kind where the outcome of SUFE has been evaluated in Indian children. The authors also found the association of high body mass index, vitamin D deficiency and endocrine disorders in SUFE children. However, we have few concerns about the results of the study.

The authors found mean vitamin D level to be $12.61 \pm 5.4 \,\mathrm{ng}$ ml with a range from 3.76 to 25.6 ng/ml. There were 20 out of 21 children who were severely vitamin D deficient, but no rachitic changes were evident. As per recent recommendations, in children and adolescents, vitamin D level above 20 ng/ml is considered as sufficient, 15-20 ng/ ml as insufficiency, <15 ng/ml as deficient and <5 ng/ml as severely deficient.² With the mean value of 12.61 and standard deviation of 5.4, how could it be possible that 20 out of 21 children were severely vitamin D deficient? Vitamin D deficiency is widespread in India in all age groups. In one study, the mean serum concentration of 25(OH) D among North Indian children was found to be 11.8 ± 7.2 ng/ ml (below the average value of the present study). The study by Marwaha et al.4 has shown that adolescents in Delhi from upper and lower socioeconomic groups had mean serum 25(OH) D concentration of 31 nmol/L (equivalent to 12.4 ng/ ml). They also found that despite supplementation with 60,000 IU of vitamin D3 (monthly 2000 IU/day or 2 monthly 1000 IU/day), only 47% subjects were vitamin D sufficient at the end of 1 year (mean 25[OH] D level 50.1 nmol/L). We feel that measurement of vitamin D level in healthy children or adolescent (control group) would have better clarified the association of vitamin D deficiency in SUFE. With wide prevalence of vitamin D deficiency in India even in healthy children, is this association of vitamin D deficiency and SUFE a new conception?

Sujit Kumar Tripathy, Ramesh Kumar Sen¹

Departments of Orthopaedics, All India Institute of Medical Sciences, Bhubaneswar, Odisha, ¹Postgraduate Institute of Medical Education and Research, Chandigarh, India Address for correspondence: Dr. Sujit Kumar Tripathy, Department of Orthopaedics, All India Institute of Medical Sciences, Bhubaneswar - 751 019, Odisha, India. E-mail: sujitortho@yahoo.co.in

REFERENCES

- 1. Arora S, Dutt V, Palocaren T, Madhuri V. Slipped upper femoral epiphysis: Outcome after *in situ* fixation and capital realignment technique. Indian J Orthop 2013;47:264-71.
- Misra M, Pacaud D, Petryk A, Collett-Solberg PF, Kappy M, Drug and Therapeutics Committee of the Lawson Wilkins Pediatric Endocrine Society. Vitamin D deficiency in children and its management: Review of current knowledge and recommendations. Pediatrics 2008;122:398-417.
- 3. Marwaha RK, Tandon N, Reddy DR, Aggarwal R, Singh R, Sawhney RC, *et al.* Vitamin D and bone mineral density status of healthy schoolchildren in northern India. Am J Clin Nutr 2005;82:477-82.
- Marwaha RK, Tandon N, Agarwal N, Puri S, Agarwal R, Singh S, et al. Impact of two regimens of vitamin D supplementation on calcium-Vitamin D-PTH axis of schoolgirls of Delhi. Indian Pediatr 2010:47:761-9.

Access this article online	
Quick Response Code:	Website: www.ijoonline.com
	DOI: 10.4103/0019-5413.125538