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LETTER TO EDITOR

Surgical and Nonsurgical Treatments for Proximal Femur Fractures: A Narrative Review

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Dear Editor,

We read the article "Surgical and nonsurgical treatments for proximal femur fractures: A narrative review" by Frydoni and Esmaeilnejad-Ganji,[1] with a lot of interest. We commend the authors' efforts. We wrote this letter to present some updated references with higher levels of evidence.

FOR FEMORAL NECK FRACTURES

To our knowledge, a study which published in the Lancet has provided a prospective randomized evidence. According to the study, there were no differences in revision surgery rates within 24 months between dynamic hip screws (DHS) and multiple cancellous screws (MCS); MCS had higher revision surgery rates for implant removal, and DHS had higher rates of conversion to total hip arthroplasty and osteonecrosis.[2]

Femoral neck system (FNS), MCS, and DHS are effective for femoral neck fractures. Xu *et al*.[3] revealed FNS shortened the operation time by decreasing the intraoperative fluoroscopy times. FNS has the advantages of being a simple operation, with early weight bearing which compared with MCS. Compared to DHS, the main advantage of FNS is minimal invasive surgery.

FOR INTERTROCHANTERIC FRACTURES

For standard obliquity fracture patterns with posteromedial comminution, a randomized, controlled trial comparing DHS and cephalomedullary nails revealed no differences in functional outcomes. Less femoral neck shortening with cephalomedullary nails group, at 12 months after operation.[4]

Failure rates remain low with either treatment (DHS and cephalomedullary nails), and later conversion to hip joint arthroplasty does not appear to favor one implant over the other. The study results had no difference between these implants including surgical time, hospital length of stay, Trendelenburg gait, complication rates, or 5-year survivorship of the joint arthroplasty.[5]

Data availability statement

Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study.

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Conflicts of interest

There are no conflicts of interest.

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