

Letters to the Editor

To the Editor:

We read with interest the article by Restrepo et al [1] on a prospective randomized study of 2 surgical approaches for total hip arthroplasty. We also congratulate the authors for publishing a high-level study on the topic. However, we have certain queries that we would like to be addressed by the authors.

(1) According to the authors, the type of bearing surface was at the discretion of surgeon and depended on the age of the patient. However, were there any differences between the 2 groups concerning the type of bearing surface? Could a possible difference between the 2 groups interfere with different results between the 2 groups?

(2) Although no preoperative outcome measurement difference was found between the 2 surgical approach groups, in Table 3 it is obvious that there is a tendency toward significance concerning the Harris Hip Score outcome between the 2 groups ($P = .06$). Could this potential difference between the 2 groups interfere in any way with the final outcome results of Harris Hip Score between these 2 groups?

(3) According to the flowchart (Figure 1), 338 from 508 patients initially screened do not meet the inclusion criteria. Which are the main reasons for exclusion? Which is the percentage of patients with body mass index $>30 \text{ kg/m}^2$ and age >75 years? I think that because this group of 338 patients was the vast majority of screened patients, the characteristics of this excluded group must be clarified to better understand the limitations of this study.

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Reference

- Restrepo C, Parvizi J, Pour AE, et al. Prospective randomized study of two surgical approaches for total hip arthroplasty. *J Arthroplasty* 2010;671.e1 [Epub 2010 Apr 8].

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doi:10.1016/j.arth.2011.02.017

In Reply:

We are very pleased to respond to physicians Eustathios Kenanidis, MD, Michael E Potoupnis, MD, Kyriakos A Papavasiliou, MD, Fares E Sayegh, MD, and George A Kapetanos, MD, regarding our article "Prospective randomized study of two surgical approaches for total hip arthroplasty," published recently in the *Journal of Arthroplasty* [1]. We would also like to express our thanks to the 3rd Orthopaedic

Department at the Aristotle University of Thessaloniki-Medical School for the interest in our article. We agree with some of the observations made by the previously mentioned physicians.

First, we indeed analyzed the data in search of any differences among bearing surfaces, but the results were similar and showed no statistical difference, leading us to believe there were no interference of the bearing surfaces in our results.

Second, regarding the difference in the preoperative Harris Hip Score values, we found that it was most likely due to a narrower range in the Direct Lateral group, according to our statistician. The implications toward postoperative results were not significant as shown by an analysis for the δ in between preoperative and postoperative values.

Finally, one very important point in which we agree, and perhaps short of showing the algorithm in Figure 1, the data that follow could have been added to the article.

Reasons for exclusion:

- Recent total hip arthroplasty (<6 months) in contralateral side 106 patients (31.4%).
- Previous surgery (osteotomy—arthroscopy etc) (same side) 67 patients (19.8%).
- Body mass index $>30 \text{ kg/m}^2$, 61 patients (18%).
- Age >75 years, 51 patients (15.1%).
- Previous hip pathology with proximal deformity (Perthes—Slipped Capital Femoral Epiphysis etc), 48 patients (14.2%).
- Age <18 years, 3 patients (0.9%).
- Cognitive impairment or severe psychiatric illness, 2 patients (0.6%).

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Reference

- Restrepo C, Parvizi J, Pour AE, et al. Prospective randomized study of two surgical approaches for total hip arthroplasty. *J Arthroplasty* 2010;25:671 [Epub ahead of print 2010 Apr 8].

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doi:10.1016/j.arth.2011.02.001

To the Editor:

I write to you about the article of Westrich et al (*J Arthroplasty* 2010;25:1015-1021).

The authors write that "with any treatment plan, the goal is to eliminate the infection and reconstruct a functional, stable and painless knee joint." Everyone will accept this statement.