

A comment on 'Surgical management of large segmental femoral and radial bone defects'

Dear Sir

Since the recent editorial encourages readers to comment on papers, I am writing to call your attention to the shameful editing and peer review of the Case Report titled "Surgical management of large segmental femoral and radial bone defects in a dog" (1, 2). After just a cursory reading the following discrepancies become obvious (2);

1. The authors' state the patient was referred to their clinic after having undergone "An open reduction and internal fixation of the highly comminuted femoral fracture with cerclage wires, screws and a plate..." yet the radiographs provided

show no sign of a bone plate having been used in the repair (Fig. 1 from original paper [2]).

2. The description of the surgical procedure states the femoral defect was filled with a titanium cage, however all postoperative radiographs clearly show that a second metallic implant, with a design different from that of the cage, was also used at the proximal end of the defect. This additional implant is never mentioned or explained in the article.
3. The authors state that use of the implant "assisted in bringing the bone into anatomical alignment", three sentences later they state there was "torsional malalignment with excessive anteversion of the proximal femur".
4. The authors claim there was 360° cortical bone formation around the titanium cage yet the radiographs show an obvious lack of bone along the cranio-proximal aspect of the cage. The computed tomography (CT) image they provide as proof does not convincingly show 360° bone formation around the implant (Fig. 5D from original paper [2]). Even if it did, surely it would take more than a single slice of a CT to prove bone is surrounding the entire implant.
5. When discussing postoperative function, they repeatedly claim "the dog was fully weight bearing but a lameness was still observable". It is hard to imagine how this could be possible.

6. Although physical exam findings and function of the hindlimb are discussed, no such information is included about the forelimb.
7. There is a typographical error in the last paragraph of the article.

For the sake of brevity I will not list the numerous, more nuanced critiques that could reasonably be made about the timing and methods of surgery, positioning of plates and screws, and purported advantages of the titanium cage. I suspect these are readily apparent to most readers of VCOT.

Finally, one cannot help but see the irony of this embarrassing article appearing in the same issue in which the editorial on peer review states: "The expertise of the three referees is usually quite diverse, which ensures that all facets of the study are subjected to rigorous and informed scrutiny" (1).

For the sake of good science, I respectfully suggest VCOT start using referees with more expertise or perhaps just less apathy.

Sincerely,

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