

## Authors' Response

Dear Sir,

We would like to thank Dr. Hill for his comments on our Case Report (1, 2). In response, we have the following comments:

1. The bone plate had been removed earlier by the referring veterinarian following unsuccessful attempts to repair the fracture. He left some wires and screws *in situ*, hence the absence of plate from our radiographs taken at admission.
2. The second metallic implant which Dr. Hill mentions is the proximal part of the titanium cage. This can be bent around the bone (as was done in this case), left as is, or trimmed. In Fig 2 from our paper, the cage was trimmed for treatment of the

- radius fracture. We agree this was not explained in the paper, but this did not affect the successful final result (2).
3. Described in the same paragraph is the visible intraoperative alignment of the fracture segments. The anteversion of the proximal femur was noted postoperatively in the radiographs, however this did not justify re-operating and losing screw purchase in the limited available proximal and distal bone stock.
  4. The computed tomography (CT) image is one slice documenting bone formation around the cage. Multiple CT images were not included due to publication limitations.
  5. With regards to Dr. Hill's remark about weight bearing, we sometimes observe cases in which a dog is fully weight bearing, but still exhibiting lameness due to loss of range-of-motion, particularly with stifle or elbow conditions.
  6. Technical aspects of less than optimal screw placement (distal screw in the femur) are discussed in the paper, and dictated by the shortage of bone stock and plate type. Locking screws can only be inserted perpendicularly to plate; this is different when using dynamic compression plates or other plates.

In conclusion, this is the first description in the veterinary literature that we know of in which the use of this method in a large bone defect and less than ideal environment. Compared to previous descriptions of the procedure in laboratory animals in which the defect was created in a normal bone, clinical application is different in a bone that has sustained multiple surgeries following trauma. Descriptions of its use in clinical cases in human orthopaedics are also sparse.

Since this case, we have also used this method successfully in a cat with a nonunion of a midshaft femoral fracture.

Sincerely,

Dr. Jonathan Shani  
Dr. Uri Segal

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## References

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2. Segal U, Shani J. Surgical management of large segmental femoral and radial bone defects in a dog. Though use of cylindrical titanium mesh cage and a cancellous bone graft. Vet Comp Orthop Traumatol 2010; 23: 66–70.