

It is clear from this data that epiphysiodesis is an effective treatment in children over 8 years of age, as well.

References

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2. Shah H, Siddesh ND, Joseph B, Nair SN. Effect of prophylactic trochanteric epiphysiodesis in older children with Perthes' disease. *J Pediatr Orthop*. 2009;29:889–95.

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Reply from the authors[☆]

Respuesta de los autores

Sir,

We would like to thank Dr. Abril for his interesting comments on certain aspects of Perthes disease dealt with in our article, as we are pleased to share opinions and encourage debate with other colleagues in our speciality.

Adductor tenotomy is considered a "coadjuvant" treatment of the disease, and not always necessary, which seeks to re-establish to the maximum the joint mobility that is so important for remodelling the proximal femoral epiphysis. Consequently, it should not be applied as a sole and permanent technique to treat the disease, but within a series of surgical movements as required by the patient, knowing that, in fact, there is a proportion of cases that could present a recurrence of the contracture.

We have reviewed the article by Drs. Shah, Siddesh and Benjamin Joseph with respect to epiphysiodesis of the greater trochanter. These authors perform this procedure preventively in patients who have been subject to a femoral

varus osteotomy. They, therefore, study the technique's effect as a preventative treatment, which is before overgrowth of the trochanter is produced. That is why it is possible that in many cases the damage in the proximal femoral physis may not have yet occurred at the time of surgery. In this argument, the authors find a possible explanation of their good results.

The studies that examine the efficacy of this technique as a treatment once the damage to the physis has occurred show a clear decrease when the operation is carried out after the age of 8 years (Schneidmueller D, Carstens C, Thompson M. Surgical treatment of overgrowth of the greater trochanter in children and adolescents. *J Pediatr Orthop*. 2006;26:486–90). Given that age is the only variable that the surgeon can control, we consider it prudent to establish as a general rule an age limit of 8 years for performing an epiphysiodesis of the trochanter with the best guarantees.

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[☆] Please cite this article as: Salcedo Montejo, M. Respuesta de los autores. *Rev esp cir ortop traumatol*. 2012;56(1):95.