LETTER TO THE EDITOR


In the article, the authors described a “new” surgical technique for the treatment of contracture in adduction and internal rotation of the shoulder in patients with obstetric palsy sequelae.

However, we must inform you that this technique was actually developed in the Shoulder and Elbow Group of Orthopedics and Traumatology Institute, University of São Paulo, Brazil (IOT HCFCMUSP) in the late 1980’s, by Prof. Dr. Arnaldo Amado Ferreira Filho, head of that group at the time, when all the above-mentioned authors of this study were members of our group and had been performing this referred surgical technique.

Humeral head internal rotation osteotomy presented in this study, which is also known as centering osteotomy, is analogous to what is done in cases of newborns with a dysplastic hip. The aim is to keep the humeral head contained in the glenoid cavity, which, through reciprocal stimulation, may form a congruent and functionally efficient joint.

Our group has been using that technique in patients with contracture in adduction and internal rotation of the shoulder and radiographic signs of glenohumeral subluxation or dislocation (Waters III, IV, V and IV).

This technique and its results have been presented as free papers and posters in several congresses [1—6] and in three publications [7—9] on our specialty [9]. This confirms not only the true authorship of the technique, as well as the long experience of our group in its use.

In our latest study [9], we present the results of 35 patients operated on with mean follow-up of 4.6 years. This group of patients achieved functional improvement, in the Mallet score of 12.14 ± 2.12 to 16.46 ± 2.50 points (P < 0.001). The glenoid version ranged from −21.4 ± 7.90 degrees to −12 degrees ± 6.89 (P < 0.001) and the subluxation of the humeral head on the affected side improved from 6.5% ± 9.44% to 35.2% ± 11.94%, statistically significant (P < 0.001). Only patients older than six years old have not obtained good results regarding of improvement of glenoid version and dysplastic changes of the glenohumeral joint.

This very relevant omission by the above-mentioned authors of the article surprises us, since they were members of our team in the past and therefore could not ignore this technique’s authenticity.

It is worth noting that some of the images published in the article were taken from one of our publications [7] without prior consent or citation.

Therefore, as the Head of Shoulder and Elbow Group IOT HCFCMUSP, I would like to submit these considerations to you, and I remain at your entire disposal in wait of your manifestation on the matter.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

References


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