

Letter to the Editor

Comment on "Alternative treatment for varus instability of the hallux interphalangeal joint: A case report"

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Dear Editor

I read with great interest the article entitled "Alternative treatment for varus instability of the hallux interphalangeal joint: A case report" published recently (1). The authors reported a good surgical outcome which was achieved by reconstruction of the collateral ligament using the 4th extensor tendon for varus instability of the hallux interphalangeal joint. They described that a literature review of reconstruction of the this type injury reported techniques using allograft, palmaris longus tendon or suture tape. Therefore, they emphasized the advantage of using the 4th extensor tendon, which have less donor site morbidity and better cost effectiveness than reconstruction using an allograft.

I would like to point out the distortion of the most important point in the citation of reference. The authors described that Cho J reported that a reconstruction of the lateral collateral ligament was possible using the allograft (2). However, this mention is clearly not true.

I already reported a case of varus instability of the hallux interphalangeal joint in a professional soldier who had practiced taekwondo for 5 years and the surgical outcome after reconstruction of the lateral collateral ligament with the fourth toe extensor tendon (2). Bio-

mechanically, the extensor digitorum longus tendon has shown greater cross-sectional area and stiffness than the palmaris longus or plantaris tendon and, thus, could be well suited for joint-stabilizing procedures (3). Also, sacrifice of the toe extensor did not lead to any functional impairment (4). Therefore, I believed the advantages of using the 4th extensor digitorum longus tendon as a graft including of no need for an additional drape for harvesting and no functional impairment after harvesting.

Conflict of Interest: The author has no conflicts of interest to declare.

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References

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Author's response:

Thank you very much for your interest in our Article. First of all, I apologize for not thoroughly reviewing the reference.

I reviewed it again and your paper reconstructed the IP point of hallux using 4th Ed tendon.

I also fully agree with you on the advantages of the construction using ED tendon you mentioned.

"Biomechanically, the extensor digitorum longus tendon has shown greater cross-sectional area and stiffness than the palmaris longus or plantaris tendon and, thus, could be well suited for joint-stabilizing procedures. Also, sacrifice of the toe extensor did not lead to any functional

impairment. Therefore, I believed the advantages of using the 4th extensor digitorum longus tendon as a graft including of no need for an additional drape for harvesting and no functional impairment after harvesting."

Once again, thank you for your interest in our paper, and we will review your reference carefully so that this will not happen in the future.

Jae Jung Jeong*

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