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Letter to the Editor

**Letter to the Editor on “Clinical and Radiological Results of Crowe Type 3 or 4 Dysplasia Patients Operated on With Total Hip Arthroplasty Using a Cementless Rectangular Femoral Component Without Fixating or Grafting the Transverse Osteotomy Site”**

**To the Editor:**

I have read the article with great interest conducted by Kayaalp et al [1] entitled “Clinical and Radiological Results of Crowe Type 3 or 4 Dysplasia Patients Operated on With Total Hip Arthroplasty Using a Cementless Rectangular Femoral Component Without Fixating or Grafting the Transverse Osteotomy Site.” They presented the preoperative condition and postoperative results of “use of rectangular-shaped femoral component use in anatomic reconstructions” and “transverse shortening osteotomy without using a bone graft or any fixation material in the osteotomy site” in patients with total hip arthroplasty (THA). Although I believe the authors have made a considerable contribution with this study, there are some concerns that I would like to address especially related about methodological issues.

First, the authors stated that they used the Harris Hip Score (HHS) to assess patients’ pain. HHS is the most commonly used patient-reported outcome measure in the preoperative and postoperative evaluation of patients with THA. It is a comprehensive and multidimensional tool that evaluates pain, deformity, contracture, functional, and daily life activities. So, it does not just represent the level of pain. It would be more appropriate for the authors to use the term “general function” assessment instead of “pain.” In addition, it is not specified in which country or clinic the study was conducted. If the patients are Turkish speaking individuals, the Turkish version of HHS has been validated for raters. If the Turkish version is used in this study, it should be stated and referenced [2,3]. On the other hand, the Visual Analogue Scale should be specified for which condition it is questioned for: rest, activity, or maximum intensity of pain [4].

Second, it is well known that postoperative complications affect the functional level of patients with THA. It has been demonstrated that gender differences also differ in terms of complications [5]. In the present study, it is seen that almost all of the gender distribution is composed of women (94%). Therefore, the generalizability

of the results obtained by Kayaalp et al is controversial; this situation should be specified in limitations.

Last but not the least, in the Methods section, it was stated that comparisons were analyzed with the Wilcoxon test for dependent group scores, and the Pearson chi-squared test and Fisher’s exact test were used for categorical variables. In addition, it was stated that Student’s *t*-test or Mann-Whitney *U*-test was used depending on the distribution. However, in the Results section, it is seen that there are no results of these analyses and the data of statistical significance tests are not shared. In this study, in which long-term results are given, presenting the statistical significance of preop and postop period results with the *P*-value will make the results much more valuable. I would welcome the comments of the authors to address these issues, which will further provide additional information about their study.

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