

IN REFERENCE TO

The Treatment of Intertrochanteric Fractures of the Femur with Endovis Nail

Alessandro Geraci and Umberto Martorana

Ortopedia Traumatologia Rehabilitacja, 2011; 6(6); Vol. 13, 565-572

Alessandro Geraci, PhD

San Giacomo Apostolo Hospital, Castelfranco Veneto, Italy, geracialessandro@libero.it

Ricciardi Alberto, MD

San Giacomo Apostolo Hospital, Castelfranco Veneto, Italy

Rossella Mingozzi, MD, Michele Spinelli, PhD

Scientific Department, Citieffe s.r.l., Calderara di Reno, Italy

Dear Editor,

further to the stimulating discussion between the Authors and some readers, we feel that some details about the paper we authored [1] should be clarified.

For instance, we called the analyzed system *Endovis* while the exact name is *Endovis Bio Advanced* (*Endovis BA*). Both devices are pertrochanteric intramedullary nails, both are manufactured by Citieffe s.r.l., but *Endovis BA* represents the evolution of *Endovis* nail (which has been no more on the market since 2008). The underlying concept design is the same for both nails; in fact, they are both equipped with two parallel cephalic screws and they both allow for distal locking. The two parallel cephalic screws are designed to control and reduce undesired side-effects such as rotational instability and femoral head “cut-off” [2]. Both are available in two different versions (Standard and Medium, *Endovis BA* is completed by a Long version), and have cervical-diaphyseal angulation to naturally fit the procurved femoral anatomy. Both have a distal diaphyseal profile in order to decrease stiffness difference between the nail and the hosting bone and, consequently, avoid excessive contact stress generation.

The main differences between the two systems are represented by [3], [4]:

- Material – *Endovis BA* is made of titanium, whereas *Endovis* was made of stainless steel.
- Cephalic screws – in *Endovis BA* they have the same diameter, whereas in *Endovis* they had two different diameters.
- Dimensions – *Endovis BA* is about 15% smaller.

Nevertheless, it must be stressed that, with *Endovis BA* the same key features that proved successful with *Endovis* were emphasized and improved with the state-of-the-art production technologies and materials. Overall, *Endovis BA* evolved toward higher patient tolerability while maintaining safety and improving effectiveness [5].

The study we documented in the referred paper [1] was performed using *Endovis BA* nail (in the period 2007-2009). Hopefully, on the basis of the additional information provided here (which is not anyhow influencing the study's results), perspective readers will be able to adapt the issues faced in the *discussion* and *conclusion* sections to *Endovis BA* rather than to *Endovis*.

REFERENCES

1. A. Geraci and U. Martorana, “The treatment of intertrochanteric fractures of the femur with Endovis nail,” *Ortopedia, traumatologia, rehabilitacja*, vol. 6, no. 6, pp. 565-572, 2011.
2. G. K. Kouvidis, M. B. Sommers, P. V. Giannoudis, P. G. Katonis, and M. Bottlang, “Comparison of migration behavior between single and dual lag screw implants for intertrochanteric fracture fixation,” *Journal of orthopaedic surgery and research*, vol. 4, p. 16, Jan. 2009.
3. F. Giovetti and R. Laforgia, “Intramedullary nail for lateral neck fractures: biomechanical testing,” in *EFORT 2005*, 2005.
4. Y. Oda, I. Nakayama, K. Hasebe, K. Goto, and E. Al, “Clinical Results of Endovis Nail for Unstable Trochanteric Fractures,” *Orthopedics and Traumatology*, vol. 52, no. 1, pp. 68-71, 2002.
5. V. Caiaffa et al., “Treatment of peritrochanteric fractures with the Endovis BA cephalomedullary nail: multicenter study of 1091 patients,” *Journal of Orthopaedics and Traumatology*, vol. 8, no. 3, pp. 111-116, Jun. 2007.

Competing interests: Rossella Mingozzi and Michele Spinelli work for Citieffe s.r.l.