



Fig 2. Summary of score for adherence to International Committee of Medical Journal Editors (ICMJE) form for disclosure of potential conflicts of interest. The dotted line indicates the location of *Arthroscopy's* score, with the color indicating the position relative to the mean score of the top 38 sport science journals. Black indicates the score is equal to the mean; red, the score is below the mean (worse); and green, the score is above the mean (better).

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Regarding “Arthroscopic Fixation of Os Acetabuli and Labral Repair: Suture-on-Screw Technique”



We have read with great interest and "surprise" the recent article published in *Arthroscopy Techniques*: “Arthroscopic Fixation of Os Acetabuli and Labral Repair: Suture-on-Screw Technique”.¹ DeFroda et al. propose a “suture-on-screw” arthroscopic technique to simultaneously address both the labral tear and os acetabuli, thereby reducing the number of suture anchors required for labral fixation, leading to an efficient and cost-effective approach for the treatment of these patients.

However, we have described the same idea/technique and published an article in *Arthroscopy Techniques* (same

journal), with almost the same title in 2017.² “Suture-on-Screw Technique for Os Acetabuli Fixation and Labral Repair” In our article, we describe an arthroscopic technical modification improving hip labral lesion treatment, while addressing the rim fracture. The addition of a suture to the screw addresses both lesions because it simultaneously has the function of a screw and an anchor. A suture-on-screw technique for os acetabuli fixation helps surgeons to gain versatility and is more cost-effective for the patients and health services.

So, we think that the authors (unintentional plagiarism), as well as the reviewers and editors, overlooked our article, with no reference to it.

We would appreciate very much any thoughts and suggestions.

Luis Pérez Carro, M.D., Ph.D.
Clínica Mompía, Santander, Spain

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Author Reply to “Regarding ‘Arthroscopic Fixation of Os Acetabuli and Labral Repair: Suture-on-Screw Technique’”



We would like to thank Dr. Carro for bringing the similarities between the two techniques to our attention.¹ We agree with the similarities and recognize not citing Dr. Carro’s article was an oversight.² The purpose of our article was to highlight the senior author’s current technique in performing this operation, as it has evolved over the course of his practice. While similar in technique, there is a notable difference between the technique expertly demonstrated by Carro et al.² Their technique involves fixation of the os acetabuli with a Kirschner wire, followed by cannulated