



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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- International Committee of Medical Journal Editors. Conflicts of interest, <http://www.icmje.org/conflicts-ofinterest/>. Accessed June 24, 2021.

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.

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Note: The author reports no conflicts of interest in the authorship and publication of this letter. Full ICMJE author disclosure forms are available for this letter online, as [supplementary material](#).

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<https://doi.org/10.1016/j.arthro.2021.09.008>

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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

drilling of the fragment. They then fix the fragment with a cannulated screw, as we also describe in our technique.

At our institution, we do not typically carry the proper cannulated drill; thus, the senior author has developed a technique using the guide for an arthroscopic anchor and drill, as well as an anterior cruciate ligament guide wire to allow for cannulated screw placement without the need for a cannulated drill. In addition, using the cannulated screw driver from the ACL set provides the proper length for screw insertion, as well as the ability to provide leverage when inserting the screw. The cannulated screw driver set can be too short for screw fixation into an arthroscopic acetabular os fixation; therefore, the use of the ACL guidewire and screwdriver can be advantageous.

Our technique aims to highlight the specific usage of this instrumentation, as we feel that having the proper set-up is crucial, especially in the absence of a dedicated cannulated system. Specifically, the senior author operates at various stand-alone surgery centers, as opposed to a hospital setting, where resources and special instrumentation may not always be present. Our specific technique relies on the usage of the Stryker CinchLock drill guide (Stryker, Kalamazoo, MI), as well as the solid 2.4-mm drill for this system. Following drilling, we remove the drill and keep the guide in place, allowing us to thread the disposable guidewire from the Stryker anterior cruciate ligament tray into the predrilled hole to then allow for placement of a cannulated screw. In our practice, these instruments are outside of our typical hip arthroscopy set-up and could potentially be unavailable if not specifically requested by the surgeon. Additionally, there have been other studies reporting varying techniques for arthroscopic fixation of os acetabuli,^{3-4,6} including an article written by Pascual-Garrido et al. in 2016 that described a similar suture-on-screw technique, which was cited in our article.⁵ While these other techniques are clearly effective, and no single technique has been found to be superior, we believe that our described technique allows for a relatively low cost and reproducible method of fixation, particularly for surgeons who operate at surgery centers that may not have access to a dedicated cannulated system. Once again, we apologize for the oversight in not referencing the technique put forth by Carro et al.

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Note: The authors report the following potential conflicts of interest or sources of funding: S.J.N. reports non-financial support from Allosource, other from American Orthopaedic Association, other from American Orthopaedic Society for Sports Medicine, nonfinancial support from Arthrex, other from Arthroscopy Association of North America, nonfinancial support from Athletico, nonfinancial support from DJ Orthopaedics, nonfinancial support from Linvatec, nonfinancial support from Miomed, personal fees from Ossur, nonfinancial support from Smith & Nephew, personal fees from Springer, personal fees from Stryker, outside the submitted work. Full ICMJE author disclosure forms are available for this article online, as [supplementary material](#).

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<https://doi.org/10.1016/j.arthro.2021.09.009>

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