Young-Kyun Lee, Kyung-Ho Moon, Jin-Woo Kim, Yong-Chan Ha, Myung-Ho Lee, Kyung-Hoi Koo, Reply:

We thank the readers for their interest in our article published in 2018.¹⁾ We feel sorry that we did not mention about the use of a wire guide in the article. To ensure parallelity, we used a multiple wire guide during the procedure: the distal guide pin was placed parallel to the femoral neck, resting against the femoral calcar, and the proximal posterior and anterior guide pins were placed parallel to it by using a multiple wire guide and just within the cortical bone of the femoral neck. Also, we are sorry that we cannot present which part of the surgical procedure required more time in the early group because we did not check the time for each step of the procedure.

As the readers mentioned, some wire guides have been introduced in the literature. Yin et al.²⁾ demonstrated the effectiveness of a novel guidewire aiming device for femoral neck fracture. But the operation time in the novel device group (31.8 ± 11.2 minutes) in their study was similar to that in the late experience group (38.4 ± 13.0 minutes) in our study.

Again, we thank the readers for their interest in our article, as well as the citation of the study of Yin et al.,²⁾ which piqued our curiosity in the novel guidewire aiming device and led us to compare it with the multiple wire guide. However, we think that the conventional technique performed with the multiple wire guide is enough for internal fixation of nondisplaced femoral neck fractures.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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