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Augmented repair of acute Achilles tendon ruptures using gastrocnemius–soleus fascia

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Sir, I am very concerned at the conclusions drawn by Garabito et al. [Augmented repair of acute Achilles tendon ruptures using gastrocnemius–soleus fascia. *International Orthopaedics*, 19 November 2004 (Epub ahead of print)].

The study that they performed does not allow the conclusion that primary reconstruction should be recommended in primary repair of uncomplicated Achilles tendon ruptures. I am surprised at the fact that the authors do not list in their reference section the article by Jessing and Hansen [1], to my knowledge the first one to directly compare end-to-end suture on its own or with augmentation. These authors concluded there were no differences between the two group. In light of the longer operating time, high risk of complications (including a deep infection and superficial infection of 20%), and given the present evidence from the recent Cochrane review, primary augmentation should not be recommended.

The authors state that this technique allows early mobilisation. In view of the fact that protected weight bearing with crutches was allowed at 6 weeks only, and given the present scientific evidence [2], this can hardly be considered as ‘early mobilisation’.

The authors rightly quote the article by Nyssonen et al. [3] and correctly state that these authors did not show any difference in the outcome. Although the study was a retrospective study, its strength was exactly that the authors did not use a different mobilisation and rehabilitation regime between the two groups, thus leaving augmentation as the only variable between the two arms of their study. The conclusions that Nyssonen et al. reach, i.e. that simple end-to-end suture is sufficient and effective, is supported by much literature.

Although we seem to strive for more complicated procedures, simplicity still comes out on top, especially when proper scientific method is used.

Yours sincerely,
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