

## A response to: Traumatic fracture of the medial coronoid process in 24 dogs

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Dear Sir,

In response to Dr. von Pfeil's letter we would like to thank him for his evaluation of our manuscript: Traumatic fracture of the medial coronoid process in 24 dogs and describing the limitations of the study to bring forth continued discussion (1, 2). As was pointed out by Dr. von Pfeil, his concerns were discussed as limitations within our study. We hope the response that follows will be beneficial and clarify any questions.

We agree that follow up time in veterinary studies should include long term data; however, as pointed out as a limitation in our discussion this was a retrospective study and as such long term data is not always possible (3). The objective as stated in the manuscript was to describe the traumatic fracture of the medial coronoid process in dogs as a clinically distinct disease unrelated to congenital elbow dysplasia. It was neither the objective nor the goal of this retrospective study to describe any outcome measures or prognosis. Respectively, we do disagree that having longer follow-up would have provided any additional information in this particular study. Perhaps, Dr. von Pfeil would be able to provide some clarification on what additional significant information could have been provided? As with any publication in VCOT the manuscript underwent peer review and editor decision; therefore, we believe that if Dr. von Pfeil is surprised

by the publication's follow-up time, he should address his concerns directly with the editor of VCOT.

Unfortunately, even though this study has data over the course of nine years, longer follow-up time was not available given that this was a retrospective study. We were not able to maintain contact with all owners over this nine-year period. Over the course of nine years, we identified 24 dogs that met our inclusion criteria to describe the clinical presentation of dogs with traumatic fracture of the medial coronoid process. Excluding the nine dogs with no follow-up would not have changed our data, as the goal was not to describe the outcome or prognosis; therefore, we stand by our decision to include all 24 dogs.

In the literature there are multiple reports describing the condition of a possible traumatic fracture of the medial coronoid process so thankfully we did not have a "gut feeling" but rather had clinical signs similar to that reported by others (4–8). Dr. von Pfeil is correct in that there is a typo with the plural use of "other reports" and only using the reference by Görtz and colleagues (5). Initially, we included multiple reports; however, through the peer review process the reviewers suggested they be removed for various reasons.

Histopathological examination would have been ideal in each case; however, as pointed out this is a major limitation of our study as owners were not willing to financially support histopathological examination. This does open up an area where future research should focus to help determine differentiation between fragmentation of the medial coronoid process due to congenital elbow disease from traumatic fracture of the medial coronoid process.

Objective data such as pressure-sensitive walkway was not included in our data because the validation for our current system was not completed until 2010, so the total number of cases that had utilization of the pressure-sensitive walkway was low (9). As pointed out in our discussion this is an area where future research should focus.

Dr. von Pfeil does bring up a good point in seeing similar cases of his own and wondering if the syndrome of traumatic fracture of the medial coronoid process really exists as this was one of our goals: to simply state the findings so that it can be included in the differential diagnosis for dogs with a unilateral forelimb lameness, pain localized to the elbow with unremarkable elbow radiographs and no prior history of elbow disease or diagnosis of elbow dysplasia. We would urge Dr. von Pfeil to use caution when using the term "Jump Down Syndrome" as this implies this condition would occur due to jumping down, which may not always be the case. Currently, the exact aetiopathogenesis is unknown and therefore we recommend the use of the "traumatic fracture of the medial coronoid process".

Sincerely,

Desmond K. Tan, Sherman O. Canapp Jr., Christopher S. Leasure, David L. Dycus, Erica O'Donnell

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