



Supracondylar femur fracture complicating epileptic insult : a specific and under diagnosed complication ?

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Sir,

We read the article 'Supracondylar femur fracture complicating epileptic insult : a specific and under diagnosed complication ?' (Vanheer *et al.*, 2008) with great interest. We agree that in epileptic patients fractures are more frequent than in the general population but differ with the statement that bilateral supracondylar femur fractures are not yet reported in patients due to epileptic insult. We came across similar case report by Yazgan *et al.* (Yazgan *et al.*, 2007). They reported bilateral femoral fracture in an 18-year-old female due to epileptic seizures. Authors attributed fractures to osteomalacia secondary to long lasting use of carbamazepine. Lidgren and Wallöe described four supracondylar fractures of femur out of total 70 fractures reported in 34 epileptic patients (Lidgren and Wallöe, 1977). Moreover, Moskowitz and Milikow also noted a case of supracondylar fracture of femur in a 10-year-old girl after seizure. The patient was on dilantin therapy for long period of time (Moskowitz and Milikow, 1984). It is well known that the metaphyseal region of the skeleton is composed of primarily cancellous bone with a greater surface area for bone turnover as compared to cortical bone of diaphysis. So therefore, there is an early and profound bone loss at this region following the onset of drug induced osteoporosis. As a result bones tend to fracture at metaphyseal region

even after minor fall or contraction of muscles in epileptic patients. This can be considered as another reason of higher incidence of fractures at the metaphysis in addition to the causes enumerated by authors.

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