and diagrams show that the K-wire is sited within the flexor digitorum profundus (FDP) tendon. This position has increased risks of abrasion, rupture, or infection, and we would ask why the K-wire is not placed within bone instead?

The authors also mention releasing part of the insertion of the FDP. This would increase the risk of rupture to the FDP tendon.

In the preoperative photograph the nail is not trimmed, yet in the postoperative photograph it is. This suggests that the patient continues to have a hook nail deformity after the flap. It would be judged that there is no improvement in the position of the full edge of the sterile matrix. This raises questions regarding its efficacy given its technical difficulty and potential complications.

One more minor point, Figure 2 shows an FDP insertion point far too proximal. This makes it appear that the amount of bone available to osteotomize and move is much larger. This could be misleading.

Finally, the authors present their technique in one patient. We believe that a series of such cases would perhaps add weight to the efficacy and reliability of this technique with regards to outcomes and potential complications.

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REFERENCE

1. García-López A, Laredo C, Rojas A. Oblique triangular neurovascular osteocutaneous flap for hook nail deformity correction. *J Hand Surg Am*. 2014;39(7):1415–1418.

Reply to "Acute Hand Infections"

To the Editor:

The review article on acute infections[1] in the August 2014 issue of the *Journal of Hand Surgery* was of considerable interest to me because I have authored numerous articles as well as the chapter on infections in *Green's Operative Hand Surgery* for the first 4 or so editions. I was pleased to see the acknowledgment that surgical irrigation of the tendon sheath through windows was a successful technique to treat pyogenic flexor tenosynovitis.

I noted, however, that credit for the description of the technique did not include multiple publications that I published on the topic, beginning with one in the *Journal of Hand Surgery*.[2] Having been directly involved in being a journal editor for 22 years, I am keenly aware that there is a tendency to overlook older articles even if they are particularly germane to the topic being discussed. It is unfortunate, but many extremely valuable reports in the literature exist before the start of one's residency.

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1. Osterman M, Draeger R, Stern P. Acute hand infections. *J Hand Surg Am*. 2014;39(8):1628–1635.
2. Neviaser RJ. Closed tendon sheath irrigation for pyogenic flexor tenosynovitis. *J Hand Surg Am*. 1978;3(5):462–469.

In Reply:

Dr. Neviaser's comment is dead on. His article[1] is a classic and should be read by any surgeon who treats hand infections.

Over the years, I have compiled a series of classic articles on nearly 60 topics relevant to hand surgery. These articles form the basis of a weekly journal club in which our residents and fellows discuss the articles and faculty provides insight as to relevance and significance. Needless to say, Dr. Neviaser's article is included in the group covering hand infections.

On behalf of my coauthors, Drs. Osterman and Draeger, we apologize for this oversight.

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1. Neviaser RJ. Closed tendon sheath irrigation for pyogenic flexor tenosynovitis. *J Hand Surg Am*. 1978;3(5):462–469.