patients. We implanted a single bar in each case, to reduce the amount of permanent prosthetic material in these young patients. In the first case, we obtained excellent results, whereas in the second case, although the initial results were satisfying, a delayed rupture of the bar occurred. The rupture occurred on the left edge, at a point of minor resistance of the system (the joint), where the clip is angled to be adapted to the rib angle. It is likely that the pressure the sternum applied over the bar finally caused the rupture, favoured by the manoeuvre of angulation of the joint. Berthet et al. [2] described 2 cases of delayed titanium bar rupture, in his series of 19 reconstructions for chest wall tumours; in both cases, only one bar was implanted and rupture occurred at the joint. Aware of this eventuality, Wihlm et al. [1] implanted two bars in each patient. However, neither Wihlm et al. [1] nor Mier et al. [4] described long-term follow-up of their patients. The experiences reported in the literature are too limited to draw firm conclusions about the STRATOS™ system in PE repair. Even if a single bar may be sufficient to correct and stabilize the repaired chest wall, it is likely that two bars are needed to better distribute forces and pressures, thus reducing the risk of support rupture. Although we were concerned about the large amount of prosthetic material if 2 bars were employed, we acknowledge that this might represent a minor problem, taking into account the good titanium tolerability.

Conflict of interest: none declared.

REFERENCES


References