





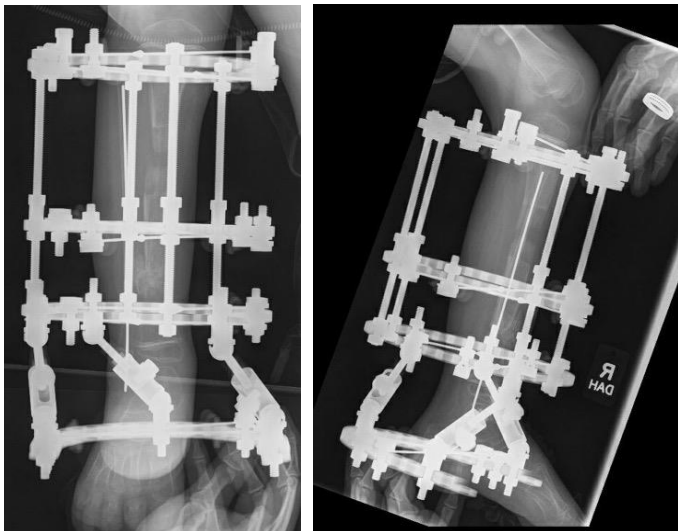


**CI:**

- *I aggressively excised the entire portion of bone that I felt was dysplastic. Perhaps I could have removed less which would have made the transport distance smaller (or allowed for an acute shortening). It is hard to know if the dysplastic bone would have healed as well or not.*
- *Using a temporary wire in the tibia was theoretically helpful for guiding the transport, but its plantar exit made it impossible for the patient to bear weight. I would probably have avoided this wire and used a SLIM™ rod (Pega Medical, Laval, Canada) instead. I am not sure if the SLIM™ rod was available at the time of surgery. That is definitely something I would have done differently.*



**Figure 6a and 6b.** Anteroposterior and lateral views 6 weeks after fixator removal.



**Figure 5a and 5b.** Anteroposterior and lateral views after bone grafting the docking site, the fibular pseudarthrosis site, and the interosseous space.



**Figure 7.** Standing AP bilateral lower extremity radiograph demonstrating improvement of the leg length discrepancy with well-healed regenerate bone and docking sites.