

displaced SCHFs are treated with surgery, would result in 77% of patients undergoing unnecessary operative treatment. Moraleda and colleagues showed that patients with a type-II SCHF treated conservatively had a mild cubitus varus deformity and a mild increase in elbow extension, but with excellent functional results in the majority of patients [5].

Combined interpretation of these results may suggest that a proportion of the displaced SCHFs will heal appropriately without surgical intervention. We therefore believe that a conservative approach to the postoperative malalignment in some patients is acceptable, and protects patients from undergoing unnecessary secondary surgery after the index procedure. Although not many complications are reported, probable psychological distress for the child and its parents of a second intervention will be part of each re-do procedure. The conclusions drawn by the authors in this relevant study should be seen in the light of these comments.

Conflict of interest statement

The authors declare no conflict of interest.

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Letter to the Editor

Femoral vein injury from a trochanteric hip fracture



Dear Editor,

We read with great interest the case report entitled “Femoral vein injury from a trochanteric hip fracture” in the issue of 2015 Jun; 46 (6): 1171–1173 of *Injury, Int. J. Care Injured*, and congratulate the authors on their management of the case. We would like to commend the authors for their detailed and valuable work [1].

Injury of femoral vessels is a rare complication of intertrochanteric fractures [1–3]. Complications reported in the English literature specifically due to migration of the lesser trochanter fragment include injury to the profunda femoris artery [4] and femoral nerve compression [5].

However, we believe that some important additional comments seem necessary to be contributed through this study. In this article, the authors stated that their case was the first description of a common femoral vein injury by a spike of a displaced lesser trochanter [1]. Nevertheless, we would like to call the attention of the readers to the fact that the literature contains an additional case report. Thus, contrary to the authors' claim, theirs is not the first case in the literature. Choa et al. [2] presented the first case in the English literature documenting damage to the common femoral vein by a displaced lesser trochanteric fragment. As seen in their case, they suggested that the proximal migration of a large lesser trochanteric fragment can lead to significant neurovascular damage. They recommended careful review of radiographs in position of the lesser trochanter and concluded that if the fragment is found unusually proximally migrated, an ultrasound examination of the area should be considered [2].

Like other authors Keel and Eyres [3] also suggested that the proximal migration of a large lesser trochanteric fragment is not totally benign and is likely to migrate with movements at the hip due to function of attached iliopsoas.

Again we appreciate the authors on their work which adds to our knowledge to be able to recognize and manage this difficult vascular clinical problem.

Conflict of interest

The authors have no conflict of interest to declare, and there was no external funding source for this study.

Disclaimer

None.

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Letter to the Editor

Response to: “Coulibaly M, et al. Results of 70 consecutive ulnar nightstick fractures” [Injury 2015]



Dear Editor,

With utmost interest I read the article by Coulibaly et al. in which the results of operative and non-operative treatment of isolated ulnar shaft fractures (IUSF) were compared [1]. Using a retrospective case–control analysis they found 14 non-unions (NU) in 70 patients (20%). Besides secondary displacement >2 mm, non-operative treatment was found to be related to NU. We recently analysed all patients with an IUSF who were treated at our trauma centre during the period 2004–2012 and found the exact opposite, i.e. the only factor associated with NU was actually having had

Table 1
Patient characteristics.

N = 93	N (percentage/range)	N (percentage/range)
Sex		Displacement %
Male	56 (60.2%)	0%
Female	37 (39.8%)	0–10%
Age	36.8 (2–87 years; SD 26)	11–40%
Side		41–70%
Right	54 (58.1%)	71–90%
Left	39 (41.9%)	90–100%
Angulation	3.7° (0–30)	Missing
Comminution	6 (6.5%)	Displacement to
AO classification		None
22-A1.1	30 (32.3%)	Dorsal
22-A1.2	50 (53.8%)	Volar
22-B1.1	7 (7.5%)	Ulnar
22-B1.2	4 (4.3%)	Radial
22-C1.1	2 (2.2%)	Location
Open fractures	0 (0%)	Proximal third
Treatment		Middle third
Conservative	83 (89.2%)	Distal third
Operative	10 (10.8%)	Missing
Result		
Union	88	
Non-union	5	

Table 2
Generally accepted risk factors for the development of NU in IUSF.

Risk factor	N	Non-union
>50% displacement	11	0
>5° angulation	41	0
Proximal third	3	0
Middle third	36	4
Distal third	53	1
Wedge (B type)	11	1
Complex (C type)	2	1
Open	0	NA
Operative treatment	10	4

surgery. We would like to add our data to the discussion. Ninety-three patients were identified retrospectively: 56 males (60.2%), mean age 36.8 years (SD 26; 2–87), with 54 right-sided fractures (58.1%). Data on fracture type (AO classification), degree of angulation, comminution, displacement, and exact location of the fracture in the ulnar bone can be found in Table 1. Five patients developed a NU; only 1 out of the 83 patients treated conservatively, compared to 4 out of the 10 patients treated by open reduction and internal fixation. None of the generally accepted risk factors applied at all to our relatively large sample of patients (Table 2).

In conclusion, clinical studies continue to yield contradicting results. Illustrated once again by the study of Coulibaly et al. and our own, retrospective studies are not able to solve the debate on the optimal treatment of IUSF [1]. Interpretation and generalisation of these relatively small and retrospective studies should be done with caution. For example 110 out of the 180 patients in the aforementioned study were excluded because of inadequate follow-up [1]. Until there is a robust and well-powered RCT, IUSF will remain unpredictable and treatment controversial.

Sincerely yours,

Conflict of interest

None declared.

Reference

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Sincerely yours,

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