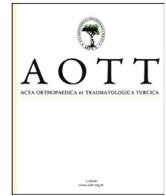


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Letter to the Editor

Comment on: “Bicolumnar 90-90 plating of AO 13C Type fractures”



Keywords:

Distal humerus fractures
Early rehabilitation
Early splint removal

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To the Editor

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We read with great interest the article by Kural et al. entitled “Bicolumnar 90–90 plating of AO 13C Type Fractures”.¹ The objective of the study is noteworthy, and we would like to make a few comments about the report.

The authors stated in the “Results” section that “all patients were previously active and employed”. In the “Material and method” section, they specified that patients had a “mean age of 47 years (range: 18–97 years)”, and that one patient had Alzheimer’s disease. In our view, these two pieces of data contradict each other, since it is unlikely that either a patient who is 97 years of age, or one who suffers from Alzheimer’s disease is employed.

Moreover the authors stated that: “a long arm splint was used postoperatively by all patients. Splints were removed after resolution of edema at 15–21 day check-up, and subsequently, arm sling was used. Gentle physiotherapy was initiated with one physiotherapist, and standard therapy protocols were implemented immediately after splint removal.” However, basic orthopedics texts as well as literature in the area have established that the most serious complication arising from distal humerus fractures is stiffness of the elbow.² Therefore, the authors have recommended that after treating distal humerus fractures, one should remove the splint as soon as possible, and immediately begin passive ROM exercises.² Eryuva et al. treated 17 patients with AO Types 13A, 13B and 13C distal humerus fractures. They highlighted the importance of early rehabilitation and initiated ROM exercises, on average (mean), 4.2 days after operations.³ Atalar et al., who also emphasized the importance of early rehabilitation, treated 21 patients with distal humerus fractures and started ROM exercises 3 days after operations were performed.⁴

Conflict of interest

Authors declare no conflict of interest.

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Author's Reponse:

Dear colleagues,

Thank you for your interest in our manuscript entitled “Bicolumnar 90–90 plating of AO 13C Type Fractures”. We also thank you for your warning to prevent the misunderstanding. The correct form of this sentence should be “All patients were previously active, and only 2 had to change their occupation after the operation due to lasting impairment” In our hospital, most of our patients belong to the low socioeconomic status and have severe osteoporosis. AO type 13C fractures are more likely to develop nonunion and failure especially in osteoporotic patients. For these reasons we prefer to start the gentle physiotherapy after 2-3 weeks and our functional results are comparable to the literature. In our opinion, close follow-up are very important in these group of patients and successful functional results can be provided by multidisciplinary team approach. Every physiotherapy protocol should be organised according to the each patient’s own status not to the generalised opinions. We should keep our mind that “every problem has its own solution”.

Cemal Kural

On behalf of authors