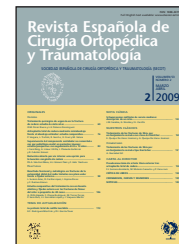


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COMMENTARY

Tratamiento de las fracturas de tibia por enclavamiento cerrado tipo Kuntscher

Treatment of fractures of the tibia by closed pegged rate Kuntscher

At the outset, I would like to note that I was especially struck by two features in this article that I have been invited to comment on: one of them is the freshness, the rigor and the simplicity of the language used and the other is the fact that most of the things stated by the author are still current. These are features that are fast becoming the hallmark of the "Our Classics" section of our Journal.

Although the origins of intramedullary nailing can be traced back to the first half of the 19th century, when the first aseptic surgical techniques were developed, it was in 1940 that Gerhard Kuntscher established the principles of closed fracture nailing that we consider the forerunners of all contemporary techniques. From that moment onward, Prof. Kuntscher's methods were gradually improved both in France (by the French school) and in Germany by Kuntscher himself with a new reaming philosophy, the three-point fixation theory and the modern dynamic and static nailing principles of the sixties.

The present study bears witness to the invaluable contribution of professors Enrique and Alfredo Queipo de Llano to these advances in our country, playing a decisive role in the development of the budding field of Trauma Surgery.

The use of unlocked nails affords the authors excellent results as regards healing rates, recovery of knee motion and early weightbearing, almost as good as those obtained with contemporary techniques.

The modified approach advocated for the French school of the Hôpital Cochin has established itself as the standard technique since it prevents the complications derived from insertion at the level of the anterior tibial tuberosity and is now recommended for all kinds of tibial fracture nailing procedures in adult patients.

The indications of nailing procedures given herein, which extend to open fractures with exposed bone and include

additional soft tissue coverage maneuvers, are in line with the latest aggressive approaches that advocate the performance of osteosynthesis and coverage in one single surgical procedure, as an alternative to nail treatment with external fixation in these types of fractures.

The authors provide a detailed surgical technique and refer to some practical aspects that are relevant even today and many contemporary studies tend to neglect, either because the authors are not aware of them, or because they take them for granted.

The meticulous descriptions both of the techniques for patient placement and of all the surgical details that must be considered to achieve an optimal result are of invaluable assistance to improve our current techniques and avoid common errors.

The emergence of locked nails has allowed us to extend the indications of fracture nailing to comminuted fractures, fractures with a loss of bone stock and spiral fractures, beyond those proposed by the authors. In addition, we can now systematically ream the intramedullary canal in order to insert thicker nails and thereby allow immediate weightbearing in certain cases. Nevertheless, the kind of management described in this article is very similar to current practice and constituted a quantum leap in the treatment of tibial shaft fractures.

Personally, I envy the authors' didactic abilities, their clarity and the meticulousness of their explanations, both in terms of the therapeutic approach followed and the surgical technique used. This paper stands head and shoulders above articles written at present, which in general show little communicative abilities and are written in a language full of standard terms that contribute little to a reader wanting to improve his surgical skills.

It has been a genuine enjoyment to revisit this article, which combines expertise and enthusiasm, two qualities we should all be armed with when facing our daily challenges.

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