

Confidentiality of data. The authors declare that this study does not reflect any patient data.

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Reply to the letter related to the article "Radial head and neck fractures in children"[☆]

Repuesta a la carta al director acerca del artículo «Fracturas pediátricas de cabeza y cuello de radio»

Firstly, we wish to thank the author/s of the letter for their detailed reading of our article and also for their understanding in this controversial issue within child traumatology; we will attempt to answer the questions raised.

There has not been any bias regarding associated fractures. A search request was submitted to the hospital archive, yielding 42 medical histories, of which only 21 were valid for the study (19 had a wrongly coded diagnosis – the majority were distal radial fractures –, and 2 histories were not included because they could not be located). Twelve cases (57%) presented an ipsilateral elbow lesion (6 in the proximal or medial ulna, 5 in the olecranon and 1 in the trochlea) and 3 patients (14.2%) associated lesions in a different location.

Conservative treatment consisted of a brachio-palmar plaster splint, with the elbow at 90°, the forearm in intermediate supination and the wrist in a functional position, for a mean period of 3 weeks.

Regarding rehabilitation, 10 patients did not require it since they presented full mobility. Of the 11 patients

who required rehabilitation, 3 recovered full mobility. The mean period to achieve full mobility, or the highest degree of mobility among those who suffered some deficit, was 4.71 months, with a mean duration of physical therapy of 3 months.

Six cases were initially treated by open reduction and 1 more case after secondary displacement in a patient treated by percutaneous reduction. Of these 7 patients, 4 suffered no complications and progressed to full joint balance. The remaining 3 suffered complications such as: loss of mobility in supination in all 3 cases, 2 cases with neuropraxia of the posterior interosseous (1 iatrogenic) and 1 case with myositis ossificans. The patient reoperated for displacement after percutaneous reduction presented valgus elbow and avascular necrosis.

The 2 cases of avascular necrosis occurred among patients with grade I fractures in the Steele-Graham classification, but with grade E in the Chambers classification, that is, associated with elbow dislocation (both cases involved Monteggia injuries).

Postoperative management consisted in immobilisation using a brachio-palmar splint for a period ranging between 4 and 5 weeks. The osteosynthesis material was removed under general anaesthesia at the same time as the splint (except in the case treated by the Feray technique, which took place on an outpatient basis). All intervened patients were evaluated by the rehabilitation service, with a treatment period of approximately 3 months.

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