



Updates in Pediatric Orthopaedics

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Abbreviation: FACTS: Adolescent Clavicle Trauma and Surgery.

Editorial

In recent times there is lot of advancements going on. Among them orthopaedics which is growing subspeciality wise is creating new ripples in management of diseases.

In pediatric population most common fracture seen is supracondylar humeral fractures. So the results of surgery and factors affecting it are being analysed. Such a factor is time of surgery – cut off 18hrs whether it is significant. One of the studies done included total of 472 patients; 435 underwent surgical treatment within 18 hours of presentation and 37 underwent treatment after 18 hours. No differences in postoperative complications, including malunion, nonunion, stiffness, infection, and nerve injury, were found between the groups, even when Type II Gartland fractures were excluded [1]. So conclusion was arbitrary time of cutoff <18 hours does not influence clinical outcomes.

A study was done by a group on Function after Adolescent Clavicle Trauma and Surgery (FACTS) which evaluated clavicular remodeling in 98 adolescent patients with completely displaced fractures treated nonoperatively. The study authors reported a high remodeling rate and observed

that remodeling continued even beyond adolescence. Complete or near-complete remodeling was demonstrated in 85% of patients <14 years old and 54% of patients ≥14 years old at the time of injury [2].

A randomized controlled trial compared 2 treatments for distal radial buckle fracture with respect to pain and function in patients 4 to 15 years old. Of the 965 patients included, 489 received a bandage and 476 received rigid immobilization. The groups had equivalent pain at 3 days following treatment and demonstrated no differences in pain or function during the 6-week follow-up period [3].

References

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