Comment on Sadiq et al.: Management of grade III supracondylar fracture of the humerus by straight-arm lateral traction

A. R. Nataraj · D. Singhal · C. Nagaraj

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Dear Editor:

We read the article by Sadiq et al. [1] with great interest. We agree with the author that the management of type III supracondylar fractures in children is technically difficult, and that complications are common; cubitus varus is the most prevalent complication. We went through the relevant literature and found that in the management of type III supracondylar fractures the traction method has been a standard treatment in previous years, but nowadays it is an uncommon method, as alternative methods are available for equivalent or better treatment. The traction method requires prolonged hospitalisation and is more expensive, and there is difficulty in accurately holding and radiographically assessing the reduction [2].

The use of skeletal traction has far better results than the use of skin traction in these fractures [3]. The authors have said that because of increased swelling and distorted anatomy they preferred to use the traction method for a period of 2 weeks. For severely swollen elbows we provide traction for 24–48 h, which may make a big difference in ease and safety of closed or open pinning after 2 or 3 days. This will decrease the hospital stay and thus expenditure, and ensure maintenance of reduction.

The incidence of cubitus varus was unacceptably high in most series regardless of the type of skin traction used,

despite isolated good results [4, 5]. The results are poor in patients over the age of 10 years [6].

We also feel that the lateral traction method is difficult in posterolateral displacements as the distal spike penetrates the brachialis muscle, which prevents reduction. The psychological problems that the patient and parents experience with prolonged traction will be greater than those associated with the pinning method.

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A. R. Nataraj (✉) · D. Singhal · C. Nagaraj
Department of Orthopaedics, AIIMS,
New Delhi 110029, India
e-mail: natadoc@rediffmail.com