Comment on Lee et al.: A comparative study of Colles' fractures in patients between 50 and 70 years of age: percutaneous K-wiring versus volar locking plating

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We read with interest the paper by Lee et al. [1] who compare two operative techniques for the treatment of displaced Colles' fractures with scant reference to closed manipulation and plaster immobilisation, which should be the mainstay of treatment for these fractures.

Surgical intervention is occasionally required when closed reduction cannot be achieved or maintained but it is the exception rather than the rule. The authors state that patients were admitted to hospital for between one and five days, which represents a considerable expenditure in a climate of escalating medical costs. This is in addition to the expense of 30 to 60+ minutes operating time plus the cost of the locking plate or K-wires and image intensification.

They conclude that volar locked plates are the best option for these fractures. We strongly disagree with this assertion and would recommend closed reduction under local/regional anaesthetic followed by four to five weeks immobilisation in a moulded, padded cast with check radiographs at one and two weeks. The patients can usually be treated as day

cases with vastly reduced costs and risks. There is little evidence that surgery reliably improves the outcome of these injuries and it is increasingly recognised that the degree of deformity of the distal radius on postoperative radiographs does not correlate well with patient satisfaction and function especially for older patients.

Any comparison of treatment methods for Colles fracture must consider closed treatment as one of the options.

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References

1. Lee Y-S, Wei T-Y, Cheng Y-C et al (2011) A comparative study of Colles' fractures in patients between 50 and 70 years of age: percutaneous K-wiring versus volar locking plating. *Int Orthop*. doi:10.1007/s00264-011-1424-2

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