We read this article with great interest. The midclavicular region of the shaft is the thinnest and is not protected by any soft tissue; hence it is more prone to fracture. (1) Fractures of the midclavicle account for 2.6% to 5% of all fractures in adults, (2) yet treatment of these fractures is still controversial. If there is no skin tenting or neurovascular injury, most midshaft clavicular fractures can be treated conservatively. However, several recent studies have reported results in favor of surgical treatment (3-5).

Treatment decisions should be based on the patient's clinical and radiological findings and his or her expectations. We think patients who rely on the upper limb for work or sports should be treated surgically, along with those with open fractures or severe angulation or displacement that creates a potential risk for skin perforation or neurovascular compromise. (6,7)

In randomizing these patients, the authors seem to have ignored patient expectations and occupations. We think the authors should have accounted for patient demands and expectations in the design of this study.

References


Conflict of Interest: None Declared