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LETTER TO THE EDITOR

Q1 Kaya A, Altay T, Ozturk H, Karapinar L. Open reduction and internal fixation in displaced juvenile Tillaux fractures [Injury 2007;38:201–5]

Dear Editor,

We read with interest the article in the February 2007 issue titled “Open reduction and internal fixation in displaced juvenile Tillaux fractures”, by Kaya et al.¹ We want to congratulate the authors for their excellent results.

We strongly agree that open reduction and internal fixation is the optimal treatment for Tillaux fractures when there is more than 2 mm of displacement and this is in accordance with the general principles of the treatment of Salter Haris type III injuries.

Arthroscopic assisted reduction and fixation of these fractures is an established treatment option with the advantages of direct visualisation of the fragment, interpretation of associated chondral injuries and the minimally invasive mode of reduction and internal fixation avoiding thus, extensile approaches and wide capsulotomies. In our case report last year,² we used only the standard arthroscopic portals for assessment, reduction and fixation of the fracture. The patient regained his full sports activities and he had an AOFAS score of 100, 14 weeks after the injury. Similar reports of arthroscopic assisted reduction and fixation of Tillaux fractures have been also reported in the literature.^{3–5} It is our belief that the authors should have included these reports in their discussion, as alternative treatment options.

References

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