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Dr. Papavasiliou et al. respond to Dr. Ibrahim

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Send letter to journal: Re: Dr. Papavasiliou et al. respond to Dr. Ibrahim

E-mail Kyriakos A Papavasiliou, M.D., Ph.D., Research Fellow, et al.

We thank Dr. Ibrahim for his interest in our recent article(1) and we would like to make the following comments in response:

This is an interesting and accurate remark. However, as seen in other parts of the developing skeleton, an injury to the lateral clavicle and the acromioclavicular area is more likely to be a physeal fracture than a true acromioclavicular separation(2,3). Prior to epiphyseal closure, the physis is weaker than the ligaments and this is the main reason that, following an injury, the ligaments usually remain intact while the bone is fractured(4,5). This, of course, does not mean that ligaments are not injured at all, even though they (usually) do remain intact. We believe that this principle is applied in our case as well (i.e. the acromioclavicular joint had also suffered an injury even though "intraoperative findings revealed an intact acromioclavicular joint"). Furthermore, this terminology (i.e. acromioclavicular joint injury) seems to be strongly supported by the literature(2,3,6), it was used by Eidman et al.(3) when this type of injury was reported for the first time and probably is one of the reasons that Dameron and Rockwood (2,6) have included in their well established classification of acromioclavicular injuries, types of injuries that are not true acromioclavicular separations.

We totally agree with Dr. Ibrahim regarding his second comment. In fact, we are also familiar with at least one unpublished case of a Kirschner Wire (KW) migration following a clavicle fixation that took place at our department. Nevertheless, we believe that KW fixation remains a reliable and safe technique(especially in the developing skeleton). Ever since we began bending the exterior part of the KW, ie. the part left out of the patient's skin, no such incident has occurred.

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