Reply to Letter to Editor Regarding the Article: Intramedullary Flexible Nailing for the Diaphyseal Fractures of Forearm Bones in Children

Resposta à carta ao editor referente ao artigo: Fixação intramedular flexível para fraturas diafisárias dos ossos do antebraço em crianças

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Although fractures of the bones of the forearm are successfully treated conservatively, outcomes remain variable, and, subsequently, some cases may require additional fracture manipulation or formal surgical intervention due to residual angulations.[1] Previous studies have shown that the failure of nonoperative treatment of midshaft fractures in pediatric populations ranges between 39 and 64%.[2]

Currently, the demands of the modern world lead us to consider the difficulties of nonsurgical treatment while keeping children in plaster casts. Parents work, home care is difficult, time away from school, and even issues of patient comfort are considered. Therefore, fractures, which used to be treated nonoperatively previously, are widely treated surgically with bloodless approach these days.[3]

In recent times, the flexible intramedullary (IM) nailing has been widely performed for pediatric forearm fractures because of advantages of minimal invasiveness technique and prevention of pin-related complications, it has changed traditional tenets of pediatric forearm fracture care.[4] Peterlein et al reported good long-term results of pediatric forearm fractures treated with IM nailing.[5] Martus et al concluded that IM nailing is an effective technique for pediatric forearm fractures with good to excellent outcomes in 91%.[6]

References

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