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## ***Account for Patient Expectations in Study Design***

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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**

1. Shetty, Sanath Kumar, et al. "To Operate or not to Operate the Mid-Shaft Fractures of the Clavicle: A Comparative Study of Functional Outcomes of the Two Methods of Management." *Journal of clinical and diagnostic research: JCDR* 11.1 (2017): RC01.

2. Robinson, C. Michael. "Fractures of the clavicle in the adult epidemiology and classification." *Journal of Bone & Joint Surgery, British* Volume 80.3 (1998): 476-484.
3. Virtanen, Kaisa J., et al. "Sling compared with plate osteosynthesis for treatment of displaced midshaft clavicular fractures: a randomized clinical trial." *JBJS* 94.17 (2012): 1546-1553.
4. Van der Meijden, Olivier A., Trevor R. Gaskill, and Peter J. Millett. "Treatment of clavicle fractures: current concepts review." *Journal of shoulder and elbow surgery* 21.3 (2012): 423-429.
5. Brin, Yaron S., et al. "Displaced midshaft clavicular fractures: is conservative treatment still preferred." *Isr Med Assoc J* 16.12 (2014): 748-52.
6. Pandya, Nirav K., Surena Namdari, and Harish S. Hosalkar. "Displaced clavicle fractures in adolescents: facts, controversies, and current trends." *Journal of the American Academy of Orthopaedic Surgeons* 20.8 (2012): 498-505.
7. Fanter, Nathan J., et al. "Surgical treatment of clavicle fractures in the adolescent athlete." *Sports health* 7.2 (2015): 137-141.

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