Repeat rupture and tendon lengthening occurred more often in the conservatively treated patients.

Clinical bottom line
On current evidence operative repair is preferable.

Search strategy
Medline 1966 to 12/98 using the OVID interface. [(metatarsal.mp AND fifth.mp) AND {exp fractures OR fracture$.mp}] LIMIT to human and English language.

Comment
Eighty two papers found of which 77 were irrelevant to the study question and four were of insufficient quality for inclusion; the remaining paper is shown in table 2.

Clinical bottom line
On current evidence simple support bandages are the treatment of choice.

Table 2

<table>
<thead>
<tr>
<th>Author, date, and country</th>
<th>Patient group</th>
<th>Study type (level of evidence)</th>
<th>Outcomes</th>
<th>Key results</th>
<th>Study weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wiener et al, 1997, USA</td>
<td>89 consecutive patients with avulsion fractures of the base of the fifth metatarsal</td>
<td>PRCT</td>
<td>Time in support</td>
<td>No significant difference</td>
<td>No power study</td>
</tr>
<tr>
<td></td>
<td>Short leg cast v soft (Jones) dressing Followed up at 2, 4, 8, and 12 weeks</td>
<td></td>
<td>Modified foot score (pain, gain, function, walking distance)</td>
<td>No significant difference</td>
<td>Not blinded. 33% drop out rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Time to full activity</td>
<td>Significantly shorter in soft dressing group 33 v 46 days (p &lt; 0.05)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Time to bony healing</td>
<td>No significant difference</td>
<td></td>
</tr>
</tbody>
</table>

PRCT=prospective randomised controlled trial.

Magnetic resonance imaging in acute knee haemarthrosis

Report by Ashes Mukerjee, Research Fellow

Search checked by Kevin Mackway-Jones, Consultant

Clinical scenario

A young man comes into the emergency department after sustaining a knee injury while playing football. Examination reveals a tense haemarthrosis; there is no evidence of fracture on radiography. You wonder whether magnetic resonance imaging (MRI) would be better than an arthroscopy to establish a diagnosis.

Three part question

In [young adults with acute knee haemarthrosis with no obvious fracture] is [early MRI better than arthroscopy] in [diagnosing intra-articular pathology]?
Towards evidence based emergency medicine: best BETs from the Manchester Royal Infirmary. Treating avulsion fractures of the base of the fifth metatarsal.

B Martin

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doi: 10.1136/emj.16.3.216