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

**Clinical bottom line**
On current evidence operative repair is preferable.


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**Search outcome**
Seventy eight papers found of which 70 were irrelevant and five were of insufficient quality for inclusion; the remaining papers are shown in table 1.

**Comment**
Two randomised controlled trials (RCTs) and one review have been listed. The better evidence is from the RCTs since both the study selection and the statistical analysis of pooled results in the quantitative review are open to criticism. Although minor complications were more common in operatively treated patients this did not affect later outcome, whereas

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**Treating avulsion fractures of the base of the fifth metatarsal**
Report by Bruce Martin, Clinical Fellow

**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.

**Search outcome**
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.

**Comment**
This is the only trial identified in this area and it has a number of weaknesses. Further well designed and executed studies are warranted.

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


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**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 Short leg cast v soft (Jones) dressing Followed up at 2, 4, 8, and 12 weeks</td>
<td>PRCT</td>
<td>Time in support Modified foot score (pain, gait, function, walking distance) Time to full activity Time to bony healing</td>
<td>No significant difference No significant difference Significantly shorter in soft dressing group 33 v 46 days (p &lt; 0.05) No significant difference</td>
<td>No power study Not blinded. 33% drop out rate</td>
</tr>
</tbody>
</table>

PRCT=prospective randomised controlled trial.

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**Magnetic resonance imaging in acute knee haemarthrosis**
Report by Ashes Mukerjee, Research Fellow

**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 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]?
Search strategy
Medline 1966 to 12/98 using the OVID interface. [(exp magnetic resonance imaging OR magnetic resonance imaging$.mp OR magnetic resonance imaging.mp OR MRI.mp OR exp nuclear magnetic resonance OR NMR.mp) AND (exp knee OR exp knee injuries OR exp knee joint OR knee$.mp) AND (exp hemarthrosis OR hemarthrosis.mp OR haemarthrosis.mp)] LIMIT to human and English language.

Comment
Arthroscopy was used as a gold standard in both selected studies. MRI lacks both the sensitivity required for a SnOut and specificity required for a SpIn on this evidence. The evidence only applies to the conditions stated (haemarthrosis and investigation within one week) and different results might be found at different times.

Clinical bottom line
The evidence does not support early use of MRI scanning in acute knee haemarthrosis.


Table 3

<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>Lundberg et al, 1996, Sweden</td>
<td>69 patients with unilateral knee haemarthrosis MRI within 6 days &amp; arthroscopy at a mean of 6 days</td>
<td>Prospective single blind diagnostic</td>
<td>ACL tears Medial meniscal tears Medial collateral ligament tears</td>
<td>Sensitivity 86%, specificity 92% Sensitivity 74%, specificity 66% Sensitivity 50%, specificity 84% Sensitivity 56%, specificity 93%</td>
<td>Small sample size</td>
</tr>
<tr>
<td>Adalberth et al, 1997, Sweden</td>
<td>40 patients with acute traumatic intra-articular haemorrhage MRI within 1 week &amp; arthroscopy within 1 week</td>
<td>Prospective diagnostic</td>
<td>Lateral meniscal tears Medial meniscal tears</td>
<td>Sensitivity 94%, specificity 29% Sensitivity 83%, specificity 27%</td>
<td>Small sample size</td>
</tr>
</tbody>
</table>

ACL=anterior cruciate ligament.

Mobilisation of lateral ligament ankle sprains
Report by Gordon Higgins, Medical Student
Search checked by Bruce Martin, Clinical Fellow

Clinical scenario
A 28 year old man presents to the emergency department with a swollen, bruised, and painful ankle after an inversion injury. After examination and appropriate investigations a grade 2 inversion ankle sprain is diagnosed. You wonder whether early mobilisation or immobilisation in a short leg cast is more suitable for this patient.

Three part question
In [adults with lateral ligament ankle sprains] is [immediate mobilisation better than immobilisation in a cast] at [decreasing pain and reducing time to full recovery].

Search strategy
Medline 1966 to 12/98 using the OVID interface. [(exp ankle OR ankle$.mp OR exp ankle injuries OR exp ankle joint OR exp lateral ligament, ankle) AND (exp sprains and strains OR sprain$.mp) AND (mobili$.mp OR mobilisation$.mp OR mobilization$.mp)] LIMIT to human and English language.

Comment
While many papers have addressed the question there are few relevant RCTs. The two relevant reviews do not address the question directly and do not attempt formal meta-analysis.

Clinical bottom line
Early mobilisation of ankle sprains leads to quicker short term recovery without affecting long term outcome. It is the treatment of choice.


The BMA Library supplied the papers.
Towards evidence based emergency medicine: best BETs from the Manchester Royal Infirmary. Magnetic resonance imaging in acute knee haemarthrosis.
A Mukerjee

doi: 10.1136/emj.16.3.216-a