LETTERS TO
THE EDITOR

Best evidence topic reports: fracture of the clavicle

EDITOR,—The article concerning the treatment of simple fractures of the clavicle, based on best evidence, is unhelpful and potentially misleading. This search highlights the lack of evidence comparing the use of collar and cuff with broad arm sling in the treatment of fracture of the clavicle. Unfortunately some clinicians may infer from this, incorrectly, that both treatments are equally acceptable.

The issue of treatments for fracture of the clavicle can be approached sensibly from a biomechanical point of view. Simple biomechanics dictate that a sling, which provides support, is the treatment of choice. In fact any device that elevates the shoulder (such as double collar and cuff) is acceptable, whereas a single collar and cuff, which provides traction, will distract the fracture, increase displacement, put more tension on the skin overlaying the fracture site, and certainly cause a great deal of discomfort. The only potential disadvantage of a sling is that it may directly impinge upon the fracture site. While we should strive towards evidence based practice it is important that the right questions are addressed: in this instance this has not been achieved. This particular search has been an unnecessary paper exercise and has not contributed in anyway to the rational treatment of fracture of the clavicle.

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Best evidence topic reports: fracture of the clavicle

EDITOR,—I have always found the best evidence topic reports in the journal to be informative and valuable, so much so that we present them to our students as good examples of a questioning approach to accident and emergency practice. I was, however, concerned to find one example recently which was completely illogical. The comparison of collar and cuff or sling after fracture of the clavicle by Dr Simon Carley and Dr Kevin Mackway-Jones may mislead some readers of the journal into thinking that a collar and cuff is an acceptable treatment for fractures of the clavicle.

The deformity in fractures of the mid-shaft of the clavicle is caused by two factors, firstly the upward pull of the sternocleidomastoid muscle on the medial half of the clavicle, and secondly the effect of gravity pulling down the shoulder and the attached distal half of the clavicle. To overcome this deformity, the collar is an asset, whereas the use of a standard collar and cuff produces the opposite effect. Collar and cuff slings are very useful in treating fractures of the upper humerus, for which "natural traction" is required, but the use of such a sling in clavicular fracture would predictably cause an increase in deformity and unnecessary pain and suffering. I have been unable to find any reference in textbooks or other literature to suggest that anyone has ever advocated the use of collar and cuff for the treatment of clavicular fractures.

There is, however, an alternative type of collar and cuff sling, known as the double collar and cuff, or broad arm sling, which offers elbow support just like the broad arm sling, but which has significant advantages in terms of patient comfort and mobility. The broad arm sling has the disadvantage of completely covering the upper limb to which it is applied, and additionally it may apply direct pressure over the site of a clavicular fracture. The double collar and cuff does not cross the fracture site, and allows more access to the arm for washing and dressing (fig 1).

The authors may be correct that there is no literature comparing the use of collar and cuff or sling in simple clavicular fracture, but perhaps this is to be expected because the right question was not asked. Readers are left with an unsatisfactory conclusion and an impression that "local advice" might legitimately include the use of a collar and cuff for clavicular fracture. It would, perhaps, have been of more benefit to compare the efficacy of the broad arm sling and figure-of-eight bracing, since I am sure that most of the readers of this journal would not have seen the evidence for and against laid out in the skilful way normally adopted by the series authors.

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Best evidence topic reports: shaft of humeruses fractures

EDITOR,—The best evidence topic report on the above by Drs K Herren and K Cocks does not provide an accurate account of the various options available to patients with clavicular injury, nor do they provide an adequate comparison of the relative merits and disadvantages of the options. They fail to mention the importance of a thorough assessment of the patient's injury and the associated factors such as age, fitness, and occupation, which are critical in determining the most appropriate treatment. The authors suggest that the use of a collar and cuff is generally preferred, but fails to consider the potential for complications such as pressure ulcers, skin necrosis, and neurovascular injury. Furthermore, they do not address the importance of early mobilization and the potential benefits of more aggressive treatment options such as open reduction and internal fixation.

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