

Comment on Krusche-Mandl et al.: Crossed pinning in paediatric supracondylar humerus fractures: A retrospective cohort analysis

Radheshyam Sament · Vikas Bachhal · Sunil Jeph

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Sir,

The authors of the article in question [1] have made a good analysis of crossed pinning in paediatric supracondylar humerus fractures using a retrospective cohort. Results showed that according to Flynn's criteria 73 patients (93.5 %) had a satisfactory outcome, while five (6.4 %) were graded as unsatisfactory (two due to cubitus varus and three because of limited elbow motion). The visual analogue scale (VAS) score averaged 0 (range 0–1) and the mean carrying angle measured 8.4° (–8 to 20°), compared to 10.8° on the contralateral side (2–20°).

There are two queries which come to mind related to the analysis of pain using VAS.

1. The authors have used a VAS scale of 0 to 10 to describe minimum and maximum severity of pain, respectively. In the results of their analysis the authors mentioned average VAS to be 0 with a range of 0 to 1. This means that a few of the patients might not have had pain at all (0) and a few patients had pain of score 1 or of less severity. Thus, average VAS score should be between 0 and 1 and not zero.

2. VAS score is a subjective evaluation of pain and its range can be constructed on a ten-point scale or 100-point scale [2]. To be more precise, in evaluation of pain a larger scale used will have less chance of error. We think if the authors had used a larger scale with 0 being no pain and 100 being extreme pain then more precise calculation of VAS could be obtained.

We agree with the rest of the criteria for evaluation and their results.

References

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R. Sament (✉) · V. Bachhal
PGIMER, Chandigarh, India
e-mail: samantradhe@gmail.com

S. Jeph
SMS Medical College, Jaipur, India