Commentary on "A new device for nerve approximation in traumatic injuries of extremities" by K.S. Forootan et al.

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The authors propose a sophisticated device working as a nerve stump approximator and present two retrospective series out of their huge clinical and surgical experience to share their skill and show that good outcomes are possible [1].

The reader in European countries might be reluctant, as the device is aggressive for both stumps and because tension should be avoided in primary repair. But who does not remember a situation where a little gap of 1 or 2 cm made us wonder if we should really go for a transplant or not try that single time to coapt both stumps, once they were dissected more proximally and distally to allow approximation. As the authors say: if then 8 or 9/0 sutures hold the stumps together, probably the local tension is acceptable. Graft harvesting thus might be prevented in these cases and high fascicle density on both sides of the approximated stumps might be the base of a good clinical recovery.

Moreover, the authors have a large clinical experience of nerve injuries in a geographic region where, unfortunately, war injuries were very common in the last decades. In Europe, World War I and II stimulated a lot of improvement in nerve repair and their work should be considered for what it is: a

surgeon's honest trial to improve his surgical repair and a retrospective analysis in two clinical series how functional results may improve.

We never see those large series of severely injured patients, and perhaps, we will remain reluctant to fabricate or use such an approximator. But the good results interfere with some principles about nerve repair (tension, fiber density); we could address in new research protocols to improve our knowledge and perhaps think *differently* in selected cases.

Conflicts of Interest None

Ethical Standards This manuscript does not contain clinical studies or patient data.

References

1. Forootan KS, Karimi H, Forootan N-SS (2014) A new device for nerve approximation in traumatic injuries of extremities. Eur J Plast Surg. doi:10.1007/s00238-014-0975-z

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