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Compartmental pressure in adults with tibial fracture

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Differential pressures were given incorrectly in the Abstract and in the last part paragraph on p. 132. The correct versions are given here.

The Abstract should read:

Acute compartment syndrome is associated with tibial fractures and failure to diagnose it leads to grave consequences. This study was conceived with the aim of determining the intra-compartmental pressure in adults with closed tibial fractures and intended to provide early diagnosis of acute compartment syndrome. The Whitesides injection method was used, using hospital available materials. The intra-compartmental pressure in the anterior and deep posterior compartments of 52 patients with closed tibial fractures was measured at presentation and 4 hourly for 24 h. In three patients, the pressure was very high, and

the differential pressure (i.e. the difference between the diastolic blood pressure and the intra-compartmental pressure) was ≤ 30 mmHg, which was diagnostic of acute compartment syndrome. They were all treated by fasciotomy. It is concluded that Whitesides' method can be used to diagnose acute compartment syndrome. The apparatus is easy to set up, cheap and therefore ideal for use in our environment where sophisticated devices of tissue pressure measurement are not available.

The last section on p. 132 should read:

Whitesides' recommendation of differential pressure (i.e. the difference between the diastolic blood pressure and the intra-compartmental pressure) of ≤ 30 mmHg as the threshold for fasciotomy was used to identify the three patients that needed fasciotomy. The deep posterior compartment of patient A and anterior compartment of patients B and C had differential pressures of ≤ 30 mmHg.

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