Reply to: Comments on Memisoglu et al.: Does the technique of lateral cross-wiring (Dorgan's technique) reduce iatrogenic ulnar nerve injury?

Kaya Memisoglu · Cümhur Cevdet Kesemenli ·
Halil Atmaca

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We thank Dr. Nataraj et al. for their constructive comments concerning our article entitled “Does the technique of lateral cross-wiring (Dorgan's technique) reduce iatrogenic ulnar nerve injury?” [1]. We agree that these results were obtained by surgeons (KM, CCK) who have had great experience with no iatrogenic complications since 1995, and one should know that there may be a slow learning curve with this technique. As the surgeon gains experience the complication rate goes down and he or she can work toward a lateral cross-wiring (Dorgan's) technique. The radiographs are good examples for the large safety range for this technique, although the pin is protruding in the soft tissues medially. In this technique the first pin is placed from the lateral condyle to the medial humeral cortex first when the elbow is reduced in full flexion. The second pin is inserted from the proximal lateral cortex to the medial

epicondyle in 90–110° flexion to protect the stability. There is still the theoretical possibility for the surgeon to damage the radial nerve while placing the lateral pin, but with fluoroscopy control if you pass the fragment 1 cm proximally from the fracture site you will be away from the anatomical site of the radial nerve. After the learning curve is mastered the surgeon will be familiar with the technique and can achieve the same results as ours.

References

1. Memisoglu K, Kesemenli CC, Atmaca H (2010) Does the technique of lateral cross-wiring (Dorgan's technique) reduce iatrogenic ulnar nerve injury? *Int Orthop*. doi:[10.1007/s00264-010-1090-90](https://doi.org/10.1007/s00264-010-1090-90)

K. Memisoglu (✉) · C. C. Kesemenli · H. Atmaca
Department of Orthopaedics and Traumatology Kocaeli,
Kocaeli University School of Medicine,
Umuttepe Kampüsü,
41380 Kocaeli, Turkey
e-mail: kayamemisoglu@yahoo.com