Comment on Liu et al.: Operative versus non-operative treatment for clavicle fracture: a meta-analysis

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Dear Editor and Authors,

In *International Orthopaedics*, Liu and his colleagues recently published an updated meta-analysis [1] regarding operative or nonoperative treatment for clavicle fractures. In this study, they concluded that operation is better than nonoperation for clavicle fracture. However, we have several suggestions and queries that we would like to communicate with the authors.

1. We suggest that reporting of meta-analysis should conform to the PRISMA (preferred reporting items for systematic reviews and meta-analyses) statement criteria. (available at <http://www.prisma-statement.org/>). In addition, the flow diagram [2] is necessary in meta-analysis.
2. The recruitment of a controlled clinical trial (CCT) may affect the outcomes of meta-analysis. Therefore, on the one hand, a cautious attitude should be taken towards the conclusions. On the other hand, we suggest that the authors should perform sensitivity analyses to explore whether CCTs biased the conclusions.
3. Different internal fixation methods in the operative group may result in different bone healing processes and outcomes.

Therefore, in order to obtain more precise conclusions, we suggest that the operative group should be further sorted as a plate subgroup and an intramedullary subgroup.

4. We should also pay attention to another point that the follow-up time in some eligible studies was a little short, which may also affect the outcomes of the meta-analysis.

To date, controversy still surrounds the optimal treatment for clavicle fracture. Therefore, more RCTs are in need in the future. We agree with the authors that in clinical applications, decisions should be made based on specific conditions.

References

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