

Comment on Shevtsov and Danilkin: Application of external fixation for management of hand syndactyly

Anil Agarwal

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We read with deep interest the article by Shevtsov and Danilkin [1]. Indeed, those who deal with syndactyly are well aware of the complications of the transferred skin flaps and skin grafts. Distraction of the intervening soft tissues by distractor assembly is a possible answer to these complications.

Since use of an external fixator is a rare practice, the authors should describe the technique in more detail for the less experienced user. The technique described left certain queries unanswered. The corkscrew-like bent wires the authors used are perhaps not a part of standard Ilizarov equipment. The authors do not make mention of any difficulty in removing the *embedded* corkscrew-like wires from the volar aspect of fingers in small children with

relatively soft bones after the distraction period is over. The distraction rate for a finger external fixator assembly and the rationale for a static period (fixation period) of 25 days are not given. Further, inserting the wires at 45° would also be likely to produce rotation deformities of fingers because of coronal forces arising from distraction.

References

1. Shevtsov VI, Danilkin MY (2008) Application of external fixation for management of hand syndactyly. *Int Orthop* 32:535–539. doi:10.1007/s00264-007-0348-3

A. Agarwal
Department of Paediatric Orthopaedics, CNBC,
Geeta Colony, Delhi, India

A. Agarwal (✉)
4/103, East End Apartments, Mayur Vihar Ph-I Ext.,
Delhi, India 110096
e-mail: rachna_anila@yahoo.co.in