



Letter to the Editor

A new technique for medial-end comminuted clavicle fractures

Recently, we read the article written by Zhenxing Li and his colleagues with great interest (Li Z, Liu H, Chen D, et al. A new technique for medial-end comminuted clavicle fractures. *Injury*. 2019). They made an effort to show us a new technique for medial-end comminuted clavicle fractures. And we appreciate their work from bottom of our heart. However, we have to point out some defects of the study, mainly in the following three aspects. First of all, the evaluation of postoperative function is not appropriate. The authors used the DASH score [1]. However, this score is mainly used for the functional evaluation of the upper limbs which unable to accurately reflect the impact of the surgery on shoulder joint activity. We think the Constant Murley score may be more appropriate [2]. Secondly, the study lacks the description of the impact on neck activity. The author fixed the plate between the two clavicle ends. This will make the plate ride across the two sternoclavicular joints. There are many ligaments and muscles at the sternoclavicular joint, especially the sternocleidomastoid muscle. When the neck turns to one side, the contralateral sternocleidomastoid muscle will contract and protrude on the skin surface [3]. If the author fixes the plate across the sternoclavicular joint, it will inevitably compress the sternocleidomastoid muscle, causing pain and affecting activity. Thirdly, the inner part of the clavicle and the sternoclavicular joint are located under the skin and can be distinguished by the naked eye. If a steel plate is placed here, it is easy to protrude on the skin surface. At the same time, there are incisions on both sides of the neck, which makes it difficult to cover up with clothes. This has a big impact on the appearance, especially for women. Is there a more minimally invasive method to improve the aesthetics after surgery? This is a question worthy of further discussion by the author.

Conflict of interest

None.

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References

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Letter to the Editor

Inter and intraobserver reliability and critical analysis of the FFP classification of osteoporotic pelvic ring injuries: Methodological issue

Dear Editor,

We were interested to read an article that recently published by Krappinger D and colleagues in the Feb 2019 issue of *Injury* [1]. The purpose of the authors was to investigate inter and intraobserver reliability of the fragility fractures of the pelvis (FFP) classification system and to critically analyze its strengths and weaknesses [1]. The intra and interobserver reliability were assessed with Cohen's kappa coefficient. One-hundred pelvic CT scans obtained from a consecutive series of patients aged 70 years and older were reviewed and classified each Osteoporotic Pelvic Ring Injuries (OPRI) according to the FFP classification in two different sessions by three orthopaedic traumatologists of varying levels of experience. The authors reported that overall interobserver reliability for all 100 cases was moderate with Kappa values from 0.42 to 0.59, while intraobserver reliability was substantial with Kappa values from 0.68 to 0.72. Subgroup analysis revealed lowest reliability for the classification of Type IIc, IIIc and IVb injuries (32 cases). Within this subgroup of combined anterior and posterior OPRI involving a complete nondisplaced or displaced (uni- or bilateral) sacral fracture, Kappa values for