Dear editor,

We have read the article by Auten et al. [1] published in American Journal of Emergency Medicine. In this article, it is concluded that ultrasonography accurately predicts adequacy of reduction with a high concordance between emergency medicine and radiology interpretations of post-reduction images.

In our experience, ultrasonography is a reliable method to determine fracture focus location and ease the administration of local anesthesia. We have also utilized this technique for fracture post-reduction control. However, due to interobserver variability, its application in clinical routine in the emergency department may be initially limited. Due to this, we believe that not only the availability of both diagnostic tests must be taken into account, but also the existence of trained personnel on its utilization. Otherwise, extrapolation of the results obtained in this study may be limited when trying to establish this diagnostic-therapeutic protocol in all emergency services.

Even so, we totally agree with the authors that the implementation of ultrasonography utilization can be useful in cases in which fluoroscopy is not available, or even relegating fluoroscopy to a second plane, with the aim of reducing X-ray irradiation to the patient and the health-care personnel.

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Declaration of Competing Interest

Authors declare no conflict of interest.

References