

World Journal of *Orthopedics*

World J Orthop 2022 August 18; 13(8): 679-776



REVIEW

- 679 Anterolateral complex of the knee: State of the art
Sabatini L, Capella M, Vezza D, Barberis L, Camazzola D, Risitano S, Drocco L, Massè A

ORIGINAL ARTICLE

Clinical and Translational Research

- 693 Social media growth of orthopaedic surgery residency programs in response to the COVID-19 pandemic
Geller JS, Massel DH, Rizzo MG, Schwartz E, Milner JE, Donnally III CJ

Retrospective Cohort Study

- 703 Fluctuation of visual analog scale pain scores and opioid consumption before and after total hip arthroplasty
Singh V, Tang A, Bieganski T, Anil U, Macaulay W, Schwarzkopf R, Davidovitch RI
- 714 Functional and clinical outcome with modified lateral approach total hip arthroplasty in stiff hips with ankylosing spondylitis
Jacob MK, Reddy PK, Kuruvilla RS, John CV, Poonnoose PM, Oommen AT
- 725 Higher cost of arthroplasty for hip fractures in patients transferred from outside hospitals vs primary emergency department presentation
Haug EC, Pehlivan H, Macdonell JR, Novicoff W, Browne J, Brown T, Cui Q

Retrospective Study

- 733 Risk modeling of femoral neck fracture based on geometric parameters of the proximal epiphysis
Shitova AD, Kovaleva ON, Olsufieva AV, Gadzhimuradova IA, Zubkov DD, Kniazev MO, Zharikova TS, Zharikov YO
- 744 Epidemiology of pelvic and acetabular fractures across 12-mo at a level-1 trauma centre
Cuthbert R, Walters S, Ferguson D, Karam E, Ward J, Arshad H, Culpan P, Bates P
- 753 Effect of pelvic fixation on ambulation in children with neuromuscular scoliosis
Drake L, Sukkarieh H, McDonald T, Bhanat E, Quince E, Atkins M, Wright P, Brooks J

Prospective Study

- 760 Quantitative alpha-defensin testing: Is synovial fluid dilution important?
Abdo RCT, Gobbi RG, Leite CBG, Pasoto SG, Leon EP, Lima ALLM, Bonfá E, Pécora JR, Demange MK

CASE REPORT

- 768 Bilateral hip heterotopic ossification with sciatic nerve compression on a paediatric patient—An individualized surgical approach: A case report
Nóbrega JPG, Jordão P, Arcângelo J

LETTER TO THE EDITOR

- 775 Rates of readmission and reoperation after operative management of midshaft clavicle fractures in adolescents

Mesregah MK

ABOUT COVER

Editorial Board Member of *World Journal of Orthopedics*, Dimitrios Kitridis, MD, MSc, Doctor, Surgeon, The First Orthopaedic Department, Aristotle University of Thessaloniki, Thessaloniki 57010, Greece. dkitridis@gmail.com

AIMS AND SCOPE

The primary aim of *World Journal of Orthopedics* (WJO, *World J Orthop*) is to provide scholars and readers from various fields of orthopedics with a platform to publish high-quality basic and clinical research articles and communicate their research findings online.

WJO mainly publishes articles reporting research results and findings obtained in the field of orthopedics and covering a wide range of topics including arthroscopy, bone trauma, bone tumors, hand and foot surgery, joint surgery, orthopedic trauma, osteoarthropathy, osteoporosis, pediatric orthopedics, spinal diseases, spine surgery, and sports medicine.

INDEXING/ABSTRACTING

WJO is now abstracted and indexed in PubMed, PubMed Central, Emerging Sources Citation Index (Web of Science), Scopus, Reference Citation Analysis, China National Knowledge Infrastructure, China Science and Technology Journal Database, and Superstar Journals Database. The 2022 edition of Journal Citation Reports® cites the 2021 Journal Citation Indicator (JCI) for WJO as 0.62. The WJO's CiteScore for 2021 is 2.4 and Scopus CiteScore rank 2021: Orthopedics and Sports Medicine is 139/284.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: Ying-Yi Yuan; **Production Department Director:** Xiang Li; **Editorial Office Director:** Jin-Lai Wang.

NAME OF JOURNAL

World Journal of Orthopedics

ISSN

ISSN 2218-5836 (online)

LAUNCH DATE

November 18, 2010

FREQUENCY

Monthly

EDITORS-IN-CHIEF

Massimiliano Leigheb

EDITORIAL BOARD MEMBERS

<http://www.wjgnet.com/2218-5836/editorialboard.htm>

PUBLICATION DATE

August 18, 2022

COPYRIGHT

© 2022 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

<https://www.wjgnet.com/bpg/gerinfo/204>

GUIDELINES FOR ETHICS DOCUMENTS

<https://www.wjgnet.com/bpg/GerInfo/287>

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

<https://www.wjgnet.com/bpg/gerinfo/240>

PUBLICATION ETHICS

<https://www.wjgnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjgnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjgnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjgnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>



Rates of readmission and reoperation after operative management of midshaft clavicle fractures in adolescents

Mohamed Kamal Mesregah

Specialty type: Orthopedics

Provenance and peer review:

Invited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's scientific quality classification

Grade A (Excellent): 0
Grade B (Very good): 0
Grade C (Good): C, C
Grade D (Fair): 0
Grade E (Poor): 0

P-Reviewer: Buckley RE, Canada; Muthu S, India

Received: January 15, 2022

Peer-review started: January 15, 2022

First decision: February 21, 2022

Revised: February 21, 2022

Accepted: July 27, 2022

Article in press: July 27, 2022

Published online: August 18, 2022



Mohamed Kamal Mesregah, Department of Orthopaedic Surgery, Menoufia University Faculty of Medicine, Shebin El-Kom, Menoufia, Egypt

Corresponding author: Mohamed Kamal Mesregah, MD, Lecturer, Department of Orthopaedic Surgery, Menoufia University Faculty of Medicine, Yaseen Abd El-Ghaffar St, Shebin El-Kom, Menoufia, Egypt. mohamed.mesregah@med.menofia.edu.eg

Abstract

The present letter to the editor is a commentary on the study titled "Rates of readmission and reoperation after operative management of midshaft clavicle fractures in adolescents". There is a debate over whether surgical treatment of clavicle shaft fractures improves clinical outcomes in adolescents. The readmission and reoperation rates following surgery should be identified.

Key Words: Readmission; Reoperation; Clavicle fractures; Operative fixation; ORIF; Adolescents

©The Author(s) 2022. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: Most mid-shaft clavicular fractures in adolescents have been typically treated nonoperatively with satisfactory outcomes. There is a major controversy over whether surgical treatment of clavicle shaft fractures in adolescents improves clinical outcomes in the same way it does in adults. There is a need to conduct multiple prospective randomized studies or large comparative database studies to better assess the operative management.

Citation: Mesregah MK. Rates of readmission and reoperation after operative management of midshaft clavicle fractures in adolescents. *World J Orthop* 2022; 13(8): 775-776

URL: <https://www.wjgnet.com/2218-5836/full/v13/i8/775.htm>

DOI: <https://dx.doi.org/10.5312/wjo.v13.i8.775>

TO THE EDITOR

I read with great interest the retrospective study on the national rates of readmission

and reoperation after open reduction internal fixation (ORIF) of midshaft clavicle fractures in adolescents by Carrillo *et al*[1], published in your esteemed journal in December 2021 issue.

I agree with the authors that there is a need to identify the national readmission and reoperation rates following ORIF of midshaft clavicle fractures in adolescents. Most clavicular fractures in adolescents have been typically treated nonoperatively, especially those affecting the mid-shaft of the clavicle[2,3]. In adolescents, there remains a major controversy over whether surgical treatment of clavicle shaft fractures improves the clinical outcomes in the same way it does in adults[4].

For the purpose of Carrillo *et al*[1] study, the authors utilized the Healthcare Cost and Utilization Project State Inpatient Database (SID) for the years 2005-2012 in Florida and 2005-2009 in California. This database includes inpatient discharge records from community hospitals in those states.

For identification of patient cohort, the authors used two codes. The first code is CPT 23515 code, which by definition refers to (Open treatment of clavicular fracture, includes internal fixation when performed). However, the other code used by the authors is ICD-9 CM 79.39 code, which refers to (open reduction of fracture with internal fixation, other specified bone), which means that this code is not specific at all to the clavicular fractures. Therefore, I am afraid the authors included in the study adolescent patients with fractures in other body bones, other than clavicular fractures.

Moreover, the authors identified only 334 clavicle fractures in adolescents managed operatively. This number is considered low to determine readmission and reoperation rates in large database studies such as SID. The authors should at least have used SID for years up to 2020 in both states.

The authors also reported that 11 (3.3%) patients were readmitted within 90 d of surgery. However, this low rate is not clinically important as those 11 patients may have been admitted for other reasons unrelated to the index surgery.

Nonoperative care is the successful historical treatment and the current safest treatment for midshaft clavicular fractures in adolescents. Operative care is overused in adolescents for clavicle fractures. To better assess the operative management, there is a need to conduct multiple prospective randomized studies or large comparative database studies.

FOOTNOTES

Author contributions: Mesregah MK revised the literature, collected data, wrote and revised the manuscript.

Conflict-of-interest statement: All the authors declare that they have no conflict of interest.

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <https://creativecommons.org/licenses/by-nc/4.0/>

Country/Territory of origin: Egypt

ORCID number: Mohamed Kamal Mesregah 0000-0002-8047-9159.

S-Editor: Liu JH

L-Editor: A

P-Editor: Liu JH

REFERENCES

- 1 Carrillo LA, Wu HH, Chopra A, Callahan M, Katyal T, Swarup I. Rates of readmission and reoperation after operative management of midshaft clavicle fractures in adolescents. *World J Orthop* 2021; **12**: 1001-1007 [PMID: 35036342 DOI: 10.5312/wjo.v12.i12.1001]
- 2 Gausden EB, Fabricant PD. Management of Clavicle Fractures in Adolescents: A Critical Analysis Review. *JBJS Rev* 2018; **6**: e4 [PMID: 30204645 DOI: 10.2106/JBJS.RVW.17.00194]
- 3 Lenza M, Faloppa F. Conservative interventions for treating middle third clavicle fractures in adolescents and adults. *Cochrane Database Syst Rev* 2016; **12**: CD007121 [PMID: 27977849 DOI: 10.1002/14651858.CD007121.pub4]
- 4 Yang S, Andras L. Clavicle Shaft Fractures in Adolescents. *Orthop Clin North Am* 2017; **48**: 47-58 [PMID: 27886682 DOI: 10.1016/j.jocl.2016.08.007]



Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-3991568

E-mail: bpgoffice@wjgnet.com

Help Desk: <https://www.f6publishing.com/helpdesk>

<https://www.wjgnet.com>

