

University of Groningen

Letter to the editor

van der Lei, B.; Damen, A. L.; Robinson, P. H.; Klasen, H. J.

Published in:
Journal of Hand Surgery

DOI:
[10.1016/0266-7681\(93\)90174-E](https://doi.org/10.1016/0266-7681(93)90174-E)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
1993

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

van der Lei, B., Damen, A. L., Robinson, P. H., & Klasen, H. J. (1993). Letter to the editor. *Journal of Hand Surgery*, 18(4), 545-546. [https://doi.org/10.1016/0266-7681\(93\)90174-E](https://doi.org/10.1016/0266-7681(93)90174-E)

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

Dear Sir,

The paper by Lindström and Nyström (*Journal of Hand Surgery* 17B: 6: 697–700) on the natural history of scaphoid non-union is not the first paper under this title but it is the first true study of the natural history and fills the gap pointed out by Kerluke and McCabe (1993). It is therefore an important contribution to our knowledge on scaphoid fractures, as were the previous papers by these authors.

However, I am not sure that their conclusion that “the best indication for stabilizing surgery is the totally asymptomatic patient in whom no signs of arthrosis can yet be found” is justified by the findings they report, for two reasons.

First, they admit that their own unpublished studies show that arthrosis may develop and progress even after successful surgery. They say that “slower progression of the osteoarthritic degeneration can be expected if the surgery is performed at an earlier stage,” but advance no evidence for this.

Second, and more important, they seem to assume that patients who have had surgery will be free of symptoms, though most series show that this is not the case: even those patients in whom bony union has been achieved may have pain in the wrist. If they had no pain before the operation they are not going to regard it as a success.

Jiranek et al (1992) found that successful bone-grafting does not always prevent or arrest the development of OA but thought it “probably” slowed it down. They also reported significant symptoms despite successful bone-grafting.

It may be that Prof Lindström and Dr Nyström’s unpublished work will shed further light on these questions. We look forward to its publication in your journal.

N. J. Barton

Harlow Wood Orthopaedic Hospital
Notts NG18 4TH
UK

References

- JIRANEK, W. A., RUBY, L. K., MILLENDER, L. B., BANKOFF, M. S. and NEWBERG, A. H. (1992). Long-term results after Russe bone-grafting: The effect of malunion of the scaphoid. *Journal of Bone and Joint Surgery*, 74A: 8: 1217–1227.
- KERLUKE, L. and McCABE, S. J. (1993). Nonunion of the scaphoid: A critical analysis of recent natural history studies. *Journal of Hand Surgery*, 18A: 1: 1–3.

Dear Sir,

Radiological and clinical evidence of osteoarthritis are eventually found in any wrist where a scaphoid non-union is left untreated. Commonly, the symptoms will progress to cause serious disability. Although no investigation of the natural history of OA after surgical treatment for scaphoid non-union has been published, we prefer to give our patients the option of being operated on before the inevitable OA is established and symptomatic. Our rationale for doing so is the hypothesis that early surgical stabilization of the scaphoid will slow down the course of the arthritic process or postpone its onset. This topic is being given detailed attention in an ongoing study.

A patient who experiences new and *unexpected* symptoms as a result of operation is likely to be unhappy. Surgical complications do occur. Loss of some function as a result of surgical reconstruction is not necessarily a complication but may be planned. Most patients with scaphoid non-union

complain of wrist pain at the time the diagnosis is made. If surgery is recommended to treat the pain, patients are informed about the advantages, disadvantages and risks of surgical treatment. In those few cases where a non-union is totally asymptomatic and stabilizing surgery is undertaken to prevent pain, pre-operative information has to be given with equal care. The properly informed patient is likely to regard an operation as a success if the goals aimed for are achieved at the anticipated cost.

Göran Lindström, MD, PhD
Department of Hand Surgery
University of Umeå Hospital
S-901 85 Umeå
Sweden

Dear Sir,

Ideas, thoughts and observations on new aspects of science and medicine are often made by different persons all over the world within a certain time-frame. Whether these simultaneous “discoveries” are coincidental or the result of morphic resonance (Sheldrake, 1981) is unknown and a subject of debate.

In the autumn of 1990 we treated two patients with fractures of the proximal phalanx of the index finger due to finger-wrestling (Fig 1). We were astonished to observe that a simple game could cause such a fracture; as students we had even played it several times ourselves.

A literature search revealed publications on spiral fractures of the humerus due to arm-wrestling but none on fractures after finger-wrestling. We submitted a paper to the British volume of the *Journal of Hand Surgery* in May 1991. We received a refusal from the editor in a letter dated 1 July 1991.

We were therefore surprised to see a case report entitled “Phalangeal fractures resulting from finger wrestling” (Shewring and Coleman, 1992) which was accepted on 1 August 1991, a month after our own case report on the same subject was rejected.

It would appear that the two separate assessments were

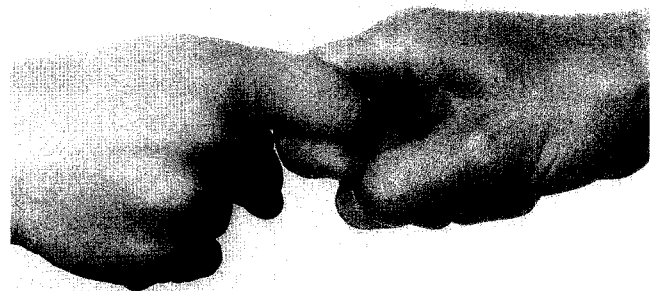


Fig 1 Demonstration of finger wrestling game.

made by different members of the editorial board and slipped through the editorial office. Fortunately our report was ultimately published in *Injury* (van der Lei et al, 1992), but it is clear that our article was written at the same time or earlier than that of Shewring and Coleman.

We have since treated a further three patients with phalangeal fractures caused by finger wrestling and colleagues have reported that they have seen others. This may be a more common injury than we initially thought.

B. van der Lei, A. L. Damen, P. H. Robinson and
H. J. Klasen
Department of Plastic and Reconstructive Surgery and
Traumatology
University Hospital Groningen
Oostersingel 59
PO Box 30.001
9700 RB Groningen
The Netherlands

References

- SHELDRAKE, A. R. *A New Science of Life*. London, Blond and Briggs, 1981.
SHEWRING, D. J. and COLEMAN, M. G. (1992). Phalangeal fractures resulting from finger wrestling. *Journal of Hand Surgery* 17B: 5: 579.
VAN DER LEI, B., DAMEN, A. L., ROBINSON, P. H. and KLASSEN, H. J. (1992). Spiral fracture of the proximal phalanx of the index finger by finger wrestling. *Injury* 23: 8: 560-561.

Editor's comment: The decision to accept or reject a paper is made by the editor and based on reports obtained by one or more members of the editorial board. Many papers pass through this process and it is likely that opinions will vary on the value of reports on similar subjects, especially when they are case reports involving small numbers. For this reason most papers that are rejected are assessed by at least two members of the editorial board. We apologize to Dr van der Lei and his co-authors for the apparent unfairness of the editorial process to their work.

Book Reviews

ANATOMIC VARIATIONS OF THE UPPER EXTREMITY
Chris P. Tountas and Ronald A. Bergman. 286 pages, 304 illus.
Churchill Livingstone, New York. ISBN 0-443-08771-7. Price £95.

Postgraduates studying for higher surgical examinations often react with puzzlement and irritation when confronted by variations in anatomical descriptions between standard textbooks. Surely the root values of such-and-such a nerve are wrongly given in Gray if Last says something else? The explanation that human anatomy is variable is likely to be greeted suspiciously and regarded as an excuse on the part of the teacher for not knowing the "right" answer.

Later in training a significant anatomical variation may be encountered during an operation: the ganglion on the back of the wrist turns out to be a muscle belly, or an oddity of the median nerve is found during a carpal tunnel release. Has this

been reported before? Is it worth a paper? Almost certainly the answers to these two questions are "Yes" and "No" respectively but it can be very time consuming to find this out.

Anatomic Variations of the Upper Extremity will be useful to all trainees and also to established surgeons who are seeking information of this kind. Written by a hand surgeon and an anatomist, it describes the common variations in four sections: "Bones and articulations", "Muscles", "Arteries" and "Nerves".

The first section largely focuses on standard anatomy rather than variations and I found it rather superficial, containing comments such as "Ectrocheiry, partial or complete absence of the hand, has been reported" (p. 26). The second section, on muscles, is by far the biggest section of the book and provides a great deal of information about anomalous muscles. The final two chapters provide adequate information on normal and anomalous vessels and nerves, including an up-to-date review of the Martin-Gruber anastomosis.

Each section is followed by a list of publications referred to, and at the end of the book there is a list of suggested readings containing approximately 1500 further references. Although this is indeed a most comprehensive bibliography, as the authors claim, its practical use is limited as it is arranged alphabetically by author, rather than by topic.

This is a book that will be consulted often in the library of a hand surgery unit or department of anatomy and the authors are to be congratulated for completing what is clearly a labour of love.

Geoffrey Hooper

DIETER BUCK-GRAMCKO. EINE FESTSCHRIFT ZUM 65. GEBURTSTAG. Edited by N. Benatar, R. Hoffmann and P. Brüser. *Druckhaus Mayer, Erlangen, 1992. Price DM112.*

This delightful book is a fitting commemoration of Professor Buck-Gramcko's 65th birthday. Almost 60 contributors, colleagues, pupils and patients, have recorded their memories of the man and his work as well as general articles on aspects of hand surgery. His influence on the development of hand surgery through the worldwide circle of surgeons who have been inspired by him comes over particularly clearly. The book is copiously illustrated by photographs and line drawings that will be of much interest to all readers. The articles are written in German or English and the book can be heartily recommended to the many English-speaking surgeons who have learned so much from Dieter Buck-Gramcko. Copies may be obtained from the publisher, Druckhaus Mayer, Wöhrstr. 2a, D8520 Erlangen, Germany.

Geoffrey Hooper

Notices

1994 Video Tape Prize—£300

This is intended to encourage the production of video tapes on hand surgery. Video tapes must be received by the Secretariat of the Society by 1 January 1994. The videos will