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Comment to: Haque S, Khan A, Sharma A, Sundararajan S: Technical tip: Tightrope fixation of neer type II distal clavicle fracture supported by a case series. Pol Orthop Traumatol, 2014; 79: 19–22

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Summary

Additional suture anchor fixation to coracoclaviculer area with precountered distal clavicle locking plate allows an anatomic reduction with bone-bone contact and gives additional neutralisation effect with coracoclavicular suture anchor fixation against the trapezius muscle pulling effect .Event though the effeciency of this technique reported by other authors,still there is a few articles and cases reported.In the terms of proving the efficiency of the combination technique we would like to stress to contribute the published article by Haque et al.

Keywords: **Locking Plate • Distal Clavicle • Fracture • Suture Anchor**

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We read with great interest "Technical tip: Tightrope fixation of neer type II distal clavicle fracture supported by a case series." by Haque et al. [1].

The treatment modalities of this type fractures are still controversial in literature. No consensus has been reached in the operative managment of these fractures. Proposed treatments have included coracoclavicular screws, kirchner wires with tension bands,coracoclavicular fixation with tight ropes or suture anchors,clavicular hook plates,locked plates or some combinations. Despite the authors discussed and compared mostly used three techniques (clavicular hook plate,coracoclavicular screw fixation, intramedullary stabilization)with their own technique, the recent literature offers another alternative technique. Madsen W. et al. [2], Bishop J.Y. [3] and Rieser G.R. et al. [4] performed biomechanical study at cadaver models which offers an additional suture anchor fixation to coracoclaviculer area with precountered distal clavicle locking plate.This additional fixation offered increasing vertical stability. Also Andersen J.R. et al. [5], Herrmann S. et al. [6], Klein S.M. et al. [7], Bhatia D.N. et al. [8] and Johnston P.S. et al. [9] reported the supeority of this method in their clinical series. Therefore we could easily say that in the literature this combination of locking plate with coracoclavicular suture anchor fixation technique rarely reported.

We agree with the group who supports the usage of anatomic locking distal clavicla plate augmented with suture anchor fixation.This method allows an anatomic reduction with bone-bone contact and gives additional neutralisation effect with coracoclavicular suture anchor fixation against the trapezius muscle pulling effect.Event though the effeciency of this technique reported by other authors,still there is a few articles and cases reported. In the terms of proving the efficiency of the combination technique and contribution to the literature we would like share the preoperative and postoperative x-rays of our case which proves excellent result.

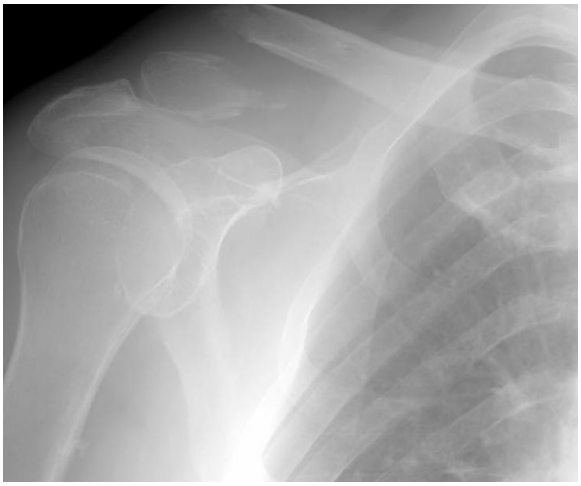

Figure 1. Pre-operative x ray of the case, x ray shows Neer Type 2 (60-years-old man fractured distal end of clavicle due to motorcycle accident- unstable type with ruptured coracoclavicular liagment) Notice the upward displacement of the medial part clavicle.

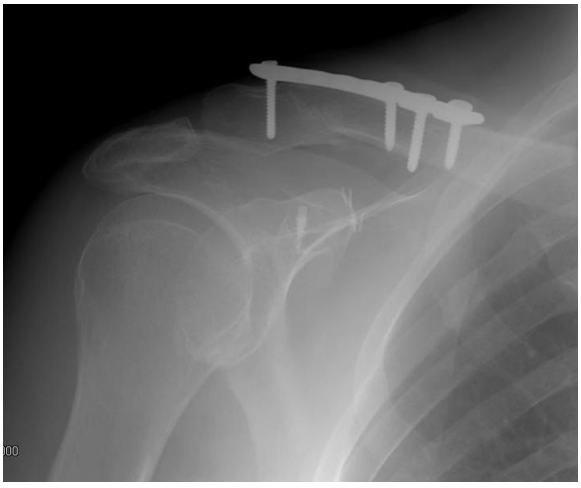

Figure 2. One year after surgery x ray shows solid union.

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