Letter to the editor

Response to the letter by Olivier Barbier, Didier Ollat, Gilbert Versier

The letter by Barbier, Ollat, and Versier strengthens the evaluation and discussion points put forward in our article. These authors are military surgeons and therefore have considerable experience with ballistic injuries sustained during battle. They acknowledge that in some situations, one step definitive treatment can be performed on emergency patients with civilian ballistic fractures. Indeed, we do not recommend the routine use of this approach, which requires a discerning evaluation of the lesions, particularly in the emergency setting. Great emphasis should be placed on the presence of good prognostic factors (isolated injury, low-velocity projectile, limited soft tissue involvement, and early management by a specialised team). When these factors are present, ballistic fractures can be treated as Cauchois stage 2 compound fractures, provided careful surgical trimming is performed to radically cleanse the tissue attrition chamber (a term coined by Ombredanne), followed by definitive internal fixation, particularly if the fracture is articular or juxta-articular. Our experience and that of other groups support our contention that damage control orthopaedics is not routinely indicated in isolated civilian ballistic injuries.

Disclosure of interest

The author declares that he has no conflicts of interest concerning this article.

A.C. Masquelet
Service de chirurgie orthopédique, traumatologique et réparatrice SOS Mains, hôpital Saint-Antoine, 184, rue du Faubourg-Saint-Antoine, 75012 Paris, France
E-mail address: acmasquelet@free.fr

Accepted 4 July 2014

DOI of original article: http://dx.doi.org/10.1016/j.otsr.2013.08.005.

http://dx.doi.org/10.1016/j.otsr.2014.07.002
1877-0568/© 2014 Published by Elsevier Masson SAS.