the phrase "standard of care" in the following passage:

> While closed reduction with percutaneous pinning and immobilization may have been previously recommended for definitive treatment, better results have been achieved with open reduction, ligament repair and internal fixation, which is now the current standard of care.

This passage from my review was taken from: Grabow RJ, Catalano L III. Carpal dislocations. Hand Clin 2006;22:485–500. The referenced quote read:

> This [closed reduction and percutaneous pinning combined with immobilization] was previously the recommended treatment; however, recent literature has shown a high rate of recurrent instability, carpal incongruity, and arthritis. For most injuries, better results have been achieved with open reduction, ligament repair, and internal fixation than with closed methods, and *open reduction is now the standard of care*. [Emphasis mine]

I sincerely appreciate Dr. Freshwater's comments about inflammatory comments in this (overly) litigious society, but it does not change the fact that certain treatment standards do exist and have already been published in peer-reviewed journals. According to the literature, open reduction and fixation of acute lunate and perilunate dislocations *is* the current standard of care. All of the articles reviewed unanimously recommended open reduction and internal fixation for treating lunate and perilunate dislocations. The scapholunate articulation cannot be reduced closed because of the paradox of Mayfield and Johnson. Accurate carpal alignment needs to be confirmed; this can only be done under direct visualization. According to Weil, Slade, and Trumble, a strong scapholunate interosseous ligament repair is the key to a successful long-term result; obviously, this cannot be performed without an open exposure. Treating these injuries with closed reduction, percutaneous fixation, and immobilization leads to suboptimal results compared with that of open treatment and, according to the literature reviewed, cannot be recommended.

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Nonsurgical Treatment of Fifth Metacarpal Neck Fractures

To the Editor:

I have with great interest read the article by Dr. Hofmeister et al. on the topic of nonsurgical treatment of fifth metacarpal neck fractures (J Hand Surg 2008;33A:1362–1368).

Though the aim of the study was to prospectively compare 2 methods of cast immobilization for the management of this injury, there was no mention made of the potential benefit of "buddy" taping and immediate active movement, which can achieve good joint mobility without the cost of lost mobility and possibly lost income during the casting period. As a recent article on this topic[1] was published prior to submission of the article by Hofmeister et al.,[2] I would be interested in the authors' reason for this omission and to learn how the results of either of their immobilized groups compared with the results of this mobilized group, particularly as cast avoidance would be expected to be more economical both for the individual and for the health care provider.

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2. Hofmeister EP, Kim J, Shin AY. Comparison of 2 methods of immobilization of fifth metacarpal neck fractures: a prospective randomized study. J Hand Surg 2008;33A:1362–1368.

In Reply:

We appreciate the comments of Mr. Povlsen and his interest in our article. Prior to the final editing of the manuscript, a thorough review of the publications related to our manuscript was performed using 2 online search engines (Ovid and PubMed) that search- the U.S. National Library of Medicine (MEDLINE)