

databases. Unfortunately, at that time the journal *Hand* was not indexed by MEDLINE. As such, articles in the journal *Hand* could not be retrieved by an electronic search.

Despite this, we have reviewed the article by van Aaken et al.¹ This study is essentially a case series of 25 patients who were followed in a prospective manner after having a soft wrap and buddy taping of the fourth and fifth digits. The authors make no comparison with any other type of treatment, and there is no randomization. Despite no randomization, they compare their cost of treatment and that of operative treatment with K-wires based on a Swiss tax point system and conclude that the wrap and buddy taping is less expensive. The authors concede that more data is needed to determine the effect of angulation and shortening on outcome. Additionally, without a comparison group, whether it be a casting group or an operated group, definitive conclusions cannot be made as to which method of treatment is superior.

A comparison of the results of our study to the van Aaken et al. study would be difficult as the van Aaken et al. study measured the angulation of the fifth metacarpal on an oblique radiograph, whereas ours were measured on a lateral radiograph. Additionally, it should be pointed out that our study

involved active-duty military personnel whose income is not compromised by casting treatment.

The purpose of our study was to compare 2 casting methods for fifth metacarpal neck fractures to determine which was superior in maintaining reduction, which was simpler to apply, and if there were any joint issues after being immobilized in extension. We believe we have answered these questions in a prospective randomized study. Unfortunately, neither we nor Mr. Povlsen can address the question of whether cast avoidance would be more economical without a prospective, randomized, long-term follow-up study of complications of displaced healing.

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REFERENCE

1. van Aaken J, Kämpfen S, Berli M, Fritschy D, Della Santa D, Fusetti C. Outcome of boxer's fractures treated by a soft wrap and buddy taping: a prospective study. *Hand* 2007;2:212-217.

Reconstruction of Circulation in the Fingertip Without Vein Repair in Zone I Replantation: Reconstruction or Reduction?

To the Editor:

We read the article by Zhang et al. on "Reconstruction of Circulation in the Fingertip Without Vein Repair in Zone I Replantation" with some interest. We can only commend their results on a 96% overall success rate and cannot on this basis critique their technique. However, the physiological explanation upon which their technique is predicated is fundamentally flawed and overcomplicated. The authors talk about reconstructing an internal circulation within zone I by repairing both digital arteries and then ligating the larger artery, located dorsally, at the L point and either ligating or transecting its medial and volar branches distal to the L point. Thus, they argue that this vessel is now transformed into a vein and able to complete an efficient vascular loop, remedying the perennial problem of venous congestion. Unfortunately, we believe this to be untrue, and

ligating the larger of the two arteries serves to merely limit the inflow into the fingertip significantly, thereby effectively reducing the workload on the venous side of the circuit. This is based on the fact that the metabolic demands of the fingertip are more than adequately met by the two proper digital arteries and that survival is more than feasible on the supply of one. Although the explanation provided by Zhang et al. is a more attractive one, we strongly believe in "calling a spade a spade. We therefore look forward to the authors' comments.

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