et al[4] described the case of a 46-year-old woman who had sustained an elbow injury when she was 6 years of age and now had a tardy PIN palsy. At surgery, the PIN was wrapped around the medial side of the radial neck and stretched by the supinator.

This case highlights several points regarding treatment of Monteggia fracture-dislocations. First, a preoperative PIN palsy should alert to the surgeon to this possibility of nerve subluxation. Second, a cross-table fluoroscopic examination with the forearm in supination, neutral, and pronation should be performed. In this case, radiocapitellar subluxation was notable only in pronation. Therefore, it is important that fluoroscopic radiocapitellar reduction be confirmed throughout forearm range of motion. Finally, an entrapped PIN under tension can appear similar to the annular ligament and capsule, so there should be a low threshold for exposing the PIN (distal to proximal) within the supinator.

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Inconsistent Acronym Use

To the Editor:

I was distressed upon reading an article in the September 2013 issue[1] in which the authors reported on the interobserver reliability of diagnosing a scapholunate dissociation. Unfortunately, the acronym SLD was used to define both *scapholunate dissociation* and *scapholunate ligament disruption*.

This is a problem for 2 reasons. First, it implies that the terms *dissociation* and *disruption* are synonymous. In my practice, I do not use these words interchangeably. I think of disruption as the actual state of ligament rupture (whether observed or not) and dissociation as the radiographic finding of a widened scapholunate interosseous space. Even if my understanding and use of these terms is incorrect, it is standard in all forms of English literature to define an acronym early in the text—as the authors did—and then to use it consistently. Second, by using the acronym SLD to define two separate phrases, it is not clear if the L stands for *ligament* or *lunate*.

I realize that this article resulted from an international collaboration and there might have been a translation problem. I do not speak German and perhaps there is only 1 word in that language to describe both dissociation and disruption.

For this reader, the inconsistent use of the acronym brought into question any subsequent details within the paper and made it impossible for me to benefit from what I am sure represents the hard work and insightful analysis of these esteemed researchers. I suspect that an error such as this one would have precluded another article from publication in many respected journals, magazines, and newspapers. I believe that we should hold ourselves to the highest literary standards.

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In Reply:

We agree with you, and I am sure the reviewers and editor agree as well. Not only is language an issue, but also experience and training. There were many drafts edited to try to get the terminology accurate and consistent, but your careful eye found a persistent inconsistency. To clarify, the reliability data relate to diagnosis of scapholunate dissociation on radiographs, and the accuracy data relate to the diagnosis of scapholunate ligament disruption diagnosed according to the described reference standard.

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