

In Reply:

Administration of vitamin C for preventing complex regional pain syndrome (CRPS) after a distal radius fracture (DRF) is an intriguing possibility. CRPS is a devastating syndrome that has no clear etiology other than the hypothesis of sympathetic overtone that can cause chronic pain after a trauma. Owing to the absence of a case definition and an identifiable unified etiology, the diagnosis of CRPS is based on subjective criteria defined by the International Association for the Study of Pain (IASP). Therefore, recent interest in finding a magic potion to reduce the incidence of CRPS after a DRF in the form of vitamin C is an intriguing option.

However, as the authors aptly noted, the finding of salutary effect of vitamin C is based on two randomized controlled trials (RCTs) conducted at a single center.¹ The application of any experimental finding must consider that spurious result is not a concern. Because vitamin C is inexpensive and potentially harmless unless taken in large doses, the presence of any beneficial effect to prevent CRPS makes its use appropriate. Its usage is largely adopted after the recommendation of the American Association of Orthopedic Surgeons for its preventative effect.² A recent RCT by Ekrol et al represents a unique contribution to refute the affirmative effect of vitamin C on CRPS rate reduction, however.³ In fact, the study found no beneficial effect in functional outcomes or fracture healing compared with placebo.

Is the vitamin C situation a unique event that was refuted by subsequent studies? Carpal tunnel syndrome was associated with deficiency of vitamin B6. Several publications from a single center study with selected patients gave hope that ingestion of high doses of vitamin B6 could treat carpal tunnel syndrome, presumably because of vitamin B6 deficiency in this disease.⁴ Subsequent studies found no such relationship between vitamin B6 and carpal tunnel syndrome, however.⁵ In fact, large doses of vitamin B6 can cause harmful effects including sensory

and motor neuropathy. Therefore, the message of the vitamin B6 saga is an interesting discussion for two different issues. The first issue is the unknown etiology of a syndrome (CRPS) that does not have a firm diagnostic criteria and established pathophysiology. The second issue relates to a single-center study that appears to advocate a rather unobtrusive treatment of a complex disease that may be too simplistic in its concept. Replication of this study by applying a clinical trial refuted this association. Therefore, the essence of this discussion is that vitamin C may not have scientific evidence to prevent CRPS associated with DRF treatment, although giving this simple remedy to patients may make the surgeons and the patients feel better that they are doing something to avoid this devastating complication. By including this latest study in the pooling of the data, the effect of vitamin C in reducing CRPS incidence may be less convincing.

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Letter Regarding “Oblique Triangular Neurovascular Osteocutaneous Flap for Hook Nail Deformity Correction”

To the Editor:

We read with interest and commend the authors¹ on their endeavor to solve a common yet difficult problem. The authors present a well-written article with supporting photographs and diagrams to facilitate the adoption of

their new technique. Nevertheless, careful examination of these supplementary items reveal points that raise concern regarding this technique and its potential use.

Our first concern regards the position of the K-wire to support the osteocutaneous flap. Both the radiographs