

# Comment on comparison of four different immobilization methods in the treatment of tendinous mallet finger injury

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Dear Editor,

I have read with great interest the article of Özkan et al.<sup>[1]</sup>

The authors compared three types of extension orthosis with percutaneous stabilization of the distal interphalangeal joint (DIPJ) with k-wire for treatment of closed mallet finger injuries. It is essential to keep the DIPJ in extension during treatment, so the article highlights the importance of patient compliance to treatment.

The result of this study points that the stacked orthosis group was significantly better grip strength assessment than the k-wire and aluminum orthotic groups at 12 weeks. In other words, the author finds a conservative treatment superior to the k-wire fixation method.

Stacked splints are often used for mallet finger treatment, but patients tended to have it removed frequently due to skin complications.<sup>[2]</sup>

Although a stacked splint is a commonly available and cost effective one, it may not fully stabilize the DIP joint of every individual. In this type of splints, the stabilization of the joint as well as the compatibility of the patient must be well balanced. For this purpose, 3D custom-made splints have been planned and different studies have been carried out on this subject.<sup>[3]</sup>

For professionals such as surgeons and musicians who use their hands actively, the immobilization period of 6–8 weeks causes a serious loss of labor.

Aksan et al.<sup>[4]</sup> reported that the k-wire fixation method is a more effective and easily applicable treatment method in patients who have difficulties in using a stack splint.

The k-wire fixation method with k-wire embedded under the skin may be more advantageous, especially in professionals who need to use their hands mandatorily.

In mallet finger injuries, since treatment methods have not been proven to be superior to each other, I believe that the treatment method should be decided according to the tolerance and social status of the person.

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## REFERENCES

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