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Charity in the face of conflict

The world is currently in turmoil, just as well-established conflicts in Iraq and Afghanistan draw to a close we are seeing the beginnings of global interest in armed conflict in Syria, continuing unrest in Egypt and the on-going prospect of war on the Korean peninsula. What on earth, you may ask, does this have to do with orthopaedics and the individual orthopaedic surgeon? While armed conflict brings difficulties for those in our community within the armed forces it seems it has little to do with the general orthopaedic surgeon, just doing his job. Despite this, millions of patients the world over rely on the charity of western orthopaedic surgeons for their healthcare.

For me the start of yet another conflict brings into sharp focus the reliance many of the world's population have on medical aid from western medics. Patients on the outskirts of Damascus suffering from what was reportedly a sarin gas attack were treated by doctors in Medicine sans Frontiers-supported hospitals. Orthopaedic traumatologists the world over have a long history of charitable work, and through donations of time and money, charities such as Merlin and Cure have been supporting patients caught in conflict, disaster and poverty for many years. I undertook such a trip in 2011 and spent several weeks working with two friends in a charitable hospital on the outskirts of Kabul, Afghanistan. We visited the Cure hospital and treated patients with both general orthopaedic injuries and those caught up in the on-going conflict. It was an extremely worthwhile trip and the

benefits I hope are still in some way being felt by the patients we treated, the local surgeons we trained and the equipment we donated. It is the equipment and training I suspect that will likely be of most use. While it may not be everyone's cup of tea to visit unstable nations there is much that orthopaedic surgeons can do to help through charities such as Cure International (www.cure.org), Mercy Flyers (www.mercyflyers.org) and many others. I would commend you all to have a look.

This month in 360 we have an outstanding article from the military surgeons at Queen Elizabeth II Hospital (Birmingham, UK) sharing some of their experience managing severe open injuries. Surg Lt Cdr Penn-Barwell and Colonel Rowlands share some of the lessons learned from what is now over a decade of armed conflict in the Middle East. This has brought us modern resuscitation, and the common complication of severe infection in trauma and injury, something that thankfully is uncommon in daily orthopaedic practice, making this a valuable read for us all. In our second feature Jon Phillips eloquently explores some of the lesser publicised registries and draws together the current state of the various national registries.

This edition of 360 reflects the ongoing push towards higher standards of research, with perhaps the largest number of randomised controlled trials we have ever been able to include in an edition. Amongst this selection are some real gems such as the role for denosumab in the treatment of giant cell tumour,¹ which is

further explored in our Technique in Focus article, and the establishment of efficacy of oral bisphosphonates (risedronate) in osteogenesis imperfecta.² Perhaps the most random of randomised controlled trials we have seen in some time examines the efficacy of "tart cherry juice" as a treatment for osteoarthritis of the knee,³ it brought us a smile, but unsurprisingly no relief to those patients with osteoarthritis. Finally I would commend a group of themed articles in the Wrist & Hand Roundup examining the best treatments for and pathogenesis of fractures of the distal radius. It continues to amaze me that despite millions of dollars of research, numerous basic science and clinical trials do not know the most basic of things about fractures of the distal radius, such as when an operation is required, if it is, which operation is best, and how well it needs to be done to avoid degenerative change.

I hope you will enjoy reading this issue of 360 as much as I have enjoyed editing it. My very best wishes to you all.

REFERENCES

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3. Schumacher HR, Pullman-Moore S, Gupta SR, et al. Randomized double-blind crossover study of the efficacy of a tart cherry juice blend in treatment of osteoarthritis(OA) of the knee. *Osteoarthritis Cartilage* 2013;21:1035-1041.