Paediatric orthopaedics update: what's new with the 'Big Three'?

Anna Clarke

For most orthopaedic surgeons that have an adult practise by day, but look after paediatric patients on call, there are three conditions that historically may have caused a flutter in the chest: the paediatric supracondylar fracture, the child with infection and open trauma.

Anna Clarke is a consultant paediatric orthopaedic surgeon from Bristol. Her special interests include trauma, upper limb surgery and neuromuscular conditions. She is the clinical lead of the Bristol Paediatric Major Trauma centre, avid AO educator and examines for the FRCS. She remains enthusiastic towards the generality of orthopaedics that paediatrics provides.

In this paediatric special edition, we will examine all three of these conditions in the hopes of updating traditional knowledge, and with some potentially new insights into current practice.

The joy of paediatric orthopaedic surgery is its diversity, complexity and variety. Even in trauma (unlike our adult colleagues) who may subspecialise in limb reconstruction or hip arthroplasty for example, our trauma lists meander through the likes of orthoplastics in open trauma, complex intra-articular adolescent distal humeral fractures, back to manipulation under anaesthesia of simple wrist fractures, within the space of a Saturday on call.

I am lucky enough to work in one of the few 'standalone' paediatric major trauma centres in the UK. I am surrounded by people whose experience is centred around the care of children, and I can tap into their knowledge and paediatric specific resources whenever required, but am mindful of those who do not have these advantages.

I would, however, point out that there is much benefit to be gained by being treated in a centre where adult and paediatric surgeons co-exist. Adult polytrauma cases are commonplace, and the protocols and pathways of management are innate in the doctors dealing with them. In children, thankfully, these cases are rare – meaning we face different challenges in terms of access to, for example, whole body CT scanning, and the management of rare 'more adult' conditions such as hip fractures or pelvic trauma, without necessarily having immediate access to an onsite pelvic team.

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The point of a publication such as this is to help all of us maintain our knowledge and make us the best possible surgeons across the breadth of the specialty, in the context of our individual unique units.

I hope the information relayed will not only be interesting, and potentially provocative, but, more importantly, relevant to all of us that are fortunate enough to work with children as part of our practise. ■