Distal Biceps Brachii Tendon Rupture Resulting in Acute Compartment Syndrome

To the Editor:
We read the case report “Distal Biceps Brachii Tendon Rupture Resulting in Acute Compartment Syndrome”1 with great interest. We commend the authors for this detailed and valuable work.

Acute compartment syndrome of the upper arm is infrequently described in the literature. Diagnosis of an arm compartment syndrome can be difficult and, perhaps due to its infrequent occurrence, delayed. It should be recognized immediately because it is a limb- and life-threatening condition. Acute compartment syndrome of the upper arm following rupture of the biceps tendon is even more rare.1-3

In this article, the authors stated that only 2 cases of compartment syndrome involving rupture of either the proximal or the distal ends of the biceps brachii tendon have been reported in the literature. However, the literature contains additional case reports describing upper arm compartment syndrome related to biceps tendon rupture. McHale et al2 reported a biceps brachii compartment syndrome following rupture of the long head of the biceps. Fung et al3 reported an upper arm compartment syndrome following biceps tendon rupture in a 77-year-old man receiving warfarin therapy.

We congratulate the authors on their great success managing this uncommon clinical disorder.

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The authors have no relevant financial relationships to disclose.

REFERENCES

Current State and Use of Biological Adhesives in Orthopedic Surgery

To the Editor:
I commend the authors of “Current State and Use of Biological Adhesives in Orthopedic Surgery”1 for providing a well-written review article that educates busy orthopedists about the various available biological adhesives. However, I disagree with the authors when they state on page 950 that intraoperative techniques such as intravenous tranexamic acid (TXA) are not cost-effective.

My group has published a study showing that TXA is effective in reducing costs in bilateral simultaneous total knee arthroplasty.2 There have been other studies as well reporting the cost-effectiveness of TXA.3-5

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The author has no relevant financial relationships to disclose.

REFERENCES


**Reply:**

We thank Dr Anand for his interest in our article and for his feedback. We do agree with his position regarding TXA. We believe that appropriate use of TXA can be a cost-effective measure, as his study and supplemental resources demonstrate.

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