

УДК 616.717.7/.9-007.274-053.3(049.3)

DOI: <http://dx.doi.org/10.15674/0030-59872021498>

## Answer of article's authors

### «Peculiarities of surgical correction of different forms hand syndactyly in children. Retrospective study of own experience».

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Dear Dr. Holoborodko,

We are very interested in your proposal for such a format of discussion and are pleased to receive additional feedback on the published findings. We have read your letter and consider it appropriate to comment on the sources of literature cited in our article.

However, the aim of our study was to highlight our own results of surgical treatment of pediatric patients with various forms of syndactyly. A review of the scientific literature was performed without in-depth study of historical data on the world championship in the use of distraction devices to increase the volume of soft tissues in syndactyly of the hand. Emphasis is placed on the method of Dr. R. Habenicht due to its wide application in world practice, in particular in Europe, in recent years and the coverage of results at various congresses and symposia [1, 2].

The literature provides an analysis of the results of using a distraction apparatus to increase soft tissue volume (developed by Dr. R. Habenicht) before the elimination of syndactyly, in particular in the case of Apert syndrome. During the period 1996–2012, the authors treated 168 patients with severe syndactyly. Distraction was performed at a rate of 0.5 mm/day, an increase of 15–25 mm was achieved. [3].

Of course, we are well aware of the devices for soft tissue distraction developed by domestic scientists L.A. Tvaliashvili and G.A. Dzhahalishvili [4]. However, today these devices are not popular among practicing orthopedists-traumatologists.

We also did not cover in detail such possible methods of surgical treatment as implantation dermotension with removal of syndactyly in the second stage, and the formation of interdigital spaces using skin perforating flaps [5].

The use of distraction devices and balloon dermotension is a two-stage surgical treatment, in contrast to the one-stage removal of syndactyly using classical techniques, which is more favorable for the treatment of syndactyly in children.

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The answer was received by the editors 10.11.2021