

# Evaluating bone re-angulation after pediatric forearm fracture in the growing child

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Regaining insight in the re-angulating capacity of angular deformities in forearm fractures of the juvenile bone. Thereby making use of radiologic, clinical and functional parameters.

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruiting
<b>Health condition type</b>	Fractures
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON30691

### Source

ToetsingOnline

### Brief title

Re-ACT Re-Angulation Capacity after Trauma of forearm

### Condition

- Fractures

### Synonym

forearm fractures with angular deformity

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Orthopaedie en Chirurgie

**Source(s) of monetary or material Support:** Eigen middelen maatschap

## Intervention

**Keyword:** angular deformity, children, forearm fracture, remodeling

## Outcome measures

### Primary outcome

Radiographs

### Secondary outcome

Demographic data

DASH-score

Functional-score

## Study description

### Background summary

In treating forearm fractures in children with an angular deformation, different treatment regimes can be followed. The angular deformity can be repositioned and the anatomical alignment can afterwards be treated with a cast. Also possible is accepting the angular deformity, while children have the unique possibility of reangulating a fracture during their growth years and treat the forearm fracture with a cast.

With a prospective study we would like to show in what degree and time the juvenile skeleton is able to reangulate to the anatomical position of perfect alignment.

### Study objective

Regaining insight in the re-angulating capacity of angular deformities in forearm fractures of the juvenile bone. Thereby making use of radiologic, clinical and functional parameters.

### Study design

Prospective descriptive study with a 2 year follow-up.

### **Study burden and risks**

Risks associated with cast treatment are similar with conventional treatment. There might be a cosmetic related problem with the time reangulation takes.

## **Contacts**

### **Public**

Selecteer

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### **Scientific**

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## **Trial sites**

### **Listed location countries**

Netherlands

## **Eligibility criteria**

### **Age**

Children (2-11 years)

### **Inclusion criteria**

Primary Radiographic objectivated angular deformities in children of the distal 1/3 (metaphysis-diaphysis) radius seen in trauma ward.

## Exclusion criteria

1. Boys older than 14 years, girls older than 12 years,
2. calcified physis
3. Isolated Ulnar deformity
4. Reposition (persistent angular deformity after reposition)
5. Complicated fracture
6. Multitrauma patient
7. Compartment syndrome
8. Co-morbidity: Osteogenesis imperfecta, Rheumatoid arthritis

## Study design

### Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Treatment

### Recruitment

NL

Recruitment status: Recruiting

Start date (anticipated): 01-05-2010

Enrollment: 80

Type: Actual

## Ethics review

Approved WMO

Date: 17-10-2007

Application type: First submission

Review commission: METC Isala Klinieken (Zwolle)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
CCMO	NL12576.075.06