Does fasciotomy hurt the patients with crush syndrome?

Sir,
I read with interest the well-written article in the November 2002 issue entitled ‘Clinical findings in the renal victims of a catastrophic disaster: the Marmara earthquake’ by Sever et al. [1]. The reported findings support the attitude not to undertake fasciotomy unless clear objective indications are present such as increased intracompartmental pressure. Fasciotomies were found to be a significant risk factor for sepsis, and sepsis in turn was associated with mortality [1].

However, there is a paucity of reports concerning intracompartmental pressure measurement in crush syndrome patients, especially in mass casualties, and a need for prospective studies of the intracompartmental pressure in such patients [2]. Could the authors provide some details of intracompartmental pressure measurement in their patients?

Though fasciotomy is a valid surgical indication in patients with crush syndrome [3], Matsuoka et al. provided no evidence that fasciotomy improves outcome in patients with crush syndrome [4]. Huang et al. also reported a high infection and amputation rate in their series [2]. Fasciotomy should be withheld in patients with crush syndrome because of the frequent delay in rescue in major earthquakes, unless there is an overriding reason for it [5].

Conflict of interest statement. None declared.

Department of Orthopaedics
Taichung Veterans General Hospital
Taichung
Taiwan
Email: ymlin@vghtc.gov.tw