

Preface to the Third Edition

Childhood and adolescence are times of individual evolution. A growing mind needs to explore the external environs and to experiment with societal challenges. Taunting wildlife as a young Maasai may seem markedly different than trying to attain a 180° flip off a skateboard ramp in Atlanta; but both youngsters are responding to specific challenges provided by the conditions under which they live. These and a multitude of other opportunities, whether a recognized environmental risk or an accident, bring about the potential for injury. Such trauma frequently involves the growing skeleton.

Writing a book such as this and subsequently revising it has been a challenging endeavor each time. Revision is necessary as diagnostic methodology, treatment techniques, and further understanding of the biology of trauma to the immature musculoskeletal system evolve. Particularly, magnetic resonance imaging (MRI) and three-dimensional imaging of both computed tomography (CT) and MRI scans have become significant diagnostic tools that allow better appreciation of the extent of intraosseous and cartilaginous injury.

A single author obviously puts forth an individual concept (hardly authoritative) concerning the many and preferred methods of diagnosis and treatment. However, my written thoughts and concepts are hardly uniquely my own. I am indebted to family, friends, students, residents, fellows, teachers and colleagues throughout the planet who have provided intellectual interchange, education, philosophy, anecdotes, and unusual cases that have coalesced to create the concept of each edition of this book.

This concept had always been dual. First, there is significant emphasis on a scientific basis, namely the inclusion of developmental and pathologic (traumatic) anatomy and histology to emphasize the nuances of musculoskeletal injury prior to skeletal maturity. Techniques of reduction, whether surgical or nonoperative, must be undertaken only after considering the biologic principles and the dynamics of childhood injury. Second, a heavy emphasis on illustrative material gives an atlas-type format to the chapters, which can visually assist the physician, no matter what his or her specialty may be, when looking for a comparable case to solve an enigmatic radiograph.

Increasing trends in operative management are evident throughout this third edition. These methods often serve to control fractures more effectively, allowing quicker rehabilitation and fewer complications than “time-honored” conservative, nonoperative approaches. Many of these “older” methods, which are often acceptable, are retained, as some readers of this book do not have ready access to the equipment that allows certain diagnostic and surgical approaches. Many parts of the world still must rely on traction and casting because of limitations within the available medical system.

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