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**Anschrift für die Verfasser**

Dr. med. Gereon Schiffer  
 Klinik für Orthopädie und Unfallchirurgie  
 Schwerpunkt Unfallchirurgie  
 Universitätsklinikum Köln  
 Kerpener Straße 62  
 50937 Köln  
 E-Mail: gereon.schiffer@uk-koeln.de

**SUMMARY****Midclavicular Fracture: Not Just a Trivial Injury—  
Current Treatment Options**

**Background:** Conservative treatment was long recommended for mid-clavicular fractures because of the excellent results that were reported in the 1960's and 70's. Recently, however, the rucksack bandage has received competition from surgical treatment. The spectrum of operations ranges from classic plate osteosynthesis to intramedullary techniques and angle-stable implants.

**Methods:** We present and evaluate the current treatment options on the basis of a selective review of the literature.

**Results:** Recent studies have confirmed some long-held concepts and refuted others. The risk of non-union after conservative treatment was previously reported as 1% to 2% but has turned out to be much higher in selected subgroups such as in patients with severe dislocation, female patients, and patients of advanced age. Furthermore, new implants and techniques have made surgery safer and more likely to result in bony union.

**Conclusion:** In any case of midclavicular fracture, the type of fracture should be precisely analyzed and an individual treatment strategy should be developed in view of the patient's particular situation. Current studies show with a high level of evidence (level 1) that patients with dislocated fractures benefit from surgery.

**Zitierweise**

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 Midclavicular fracture: Not just a trivial injury—current treatment options.  
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**Berichtigung**

In dem Beitrag „Perinatale Probleme von Mehrlingen“ von Joachim W. Dudenhausen und Rolf F. Maier, abgedruckt im Deutschen Ärzteblatt vom 24. September 2010 (Heft 38), heißt es auf der Seite 663 im Institutsverweis fälschlicherweise:

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