Background and Justification: Acute compartment syndrome of a limb is due to raised pressure within a closed fascial compartment causing local tissue ischaemia and hypoxia. In clinical practice, it is most often seen after tibial and forearm fractures, high-energy wrist fractures and crush injuries. Other important causes include restrictive dressings or casts, prolonged immobilization and reperfusion of ischaemic limbs. Early diagnosis and treatment is vital to avoid severe disability. Pulses are normally present in compartment syndrome. Absent pulses are usually due to systemic hypotension, arterial occlusion or vascular injury.

Inclusion: Patients of all ages.

Evidence base:
Studies with level-1 evidence are lacking. Predominantly retrospective series, with some good prospective studies, meta-analyses and reviews.

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