Letters to the Editor

Error in Level of Evidence

To the Editor:

We have recently identified an error in the article by Gobbi et al. “Osteochondral Lesions of the Talus: Randomized Controlled Trial Comparing Chondroplasty, Microfracture, and Osteochondral Autograft Transplantation” (Arthroscopy 2006;22:1085-1092). The maximum time of patient follow-up was no more than 48 months. This, combined with the technique of pseudo-randomization described in our Methods and Discussion, suggests that the paper should be reclassified as Level II evidence.

Thank you.

Alberto Gobbi, M.D.
Orthopaedic Arthroscopic Surgery International
Milan, Italy

Arthroscopic Stabilization of Neer Type 2 Fracture is Not Necessary

To the Editor:

I read with interest the Technical Note by Nourissat et al1 in the June 2007 issue regarding arthroscopic stabilization of Neer type 2 fractures of the distal part of the clavicle.

Reading the paper in detail, the authors describe in the technical procedure that they make a 2-cm incision perpendicular to the clavicular fracture and perform a suture fixation of the fracture as I described in 2003.2 This usually will be sufficient for fixation of this particular type of fracture. I see no reason why the authors have advised turning a simple procedure into a very complex and risky one by involving an arthroscopic-assisted coracoid fixation, which is unnecessary in this type of fracture. The exposure in their technique is similar to the exposure in my technique. The technique described by the authors does not reduce the “invasiveness” of the procedure but, on the contrary, unnecessarily increases the risk. By adding the arthroscopic-assisted coracoid fixation, there is substantially increased surgical risk to the neurovascular structures of the brachial plexus and the blood vessels that are lying closed, medial to the coracoid process.

I understand that by performing an arthroscopic-assisted coracoid fixation, the title “arthroscopic procedure” can be added to this simple mini-open procedure, but it also adds much more complexity and risk to the patient.

Ofer Levy, M.D., M.Ch. (Orth)
Reading Shoulder Unit
Department of Orthopaedics
Royal Berkshire Hospital
Reading, England

References