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Letter to the Editor Regarding Our Article "Properties of Biologic Scaffolds and Their Response to Mesenchymal Stem Cells"

To the Editor:

We are writing in regard to our article "Properties of Biologic Scaffolds and Their Response to Mesenchymal Stem Cells" published in the March 2014 issue of *Arthroscopy*.¹ Throughout the article, we refer to the 2 collagen scaffolds tested as being "highly and non-cross-linked." These terms were meant to describe the histologic structure of the scaffold; they were not meant to indicate anything else, such as the chemical processes by which some biologic scaffolds are manufactured.² In our study the porcine collagen scaffold has a loose fibrous infrastructure compared with the human dermal scaffold that is more tightly packed.

We have received feedback from clinicians that this nomenclature could be misleading, and this was not our intent. The purpose of our study was to accurately report the response of mesenchymal stem cells to different biologic scaffolds and not compare the structure of the grafts. Our only intent in using this terminology was as a way to differentiate between grafts.

Furthermore, in the "Discussion" section, "Flexigraft" was written in error; it should have said "Arthroflex." We apologize if there has been any confusion about this terminology, and we sincerely hope that we have cleared up any misunderstandings.

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Regarding "Intraoperative Hoffa Fracture During Primary ACL Reconstruction: Can Hamstring Graft and Tunnel Diameter Be Too Large?"

To the Editor:

I read with interest the case report by Werner and Miller¹ in the May 2014 issue of *Arthroscopy*. As the patient in the case report, I appreciate the publication and hope that increased awareness of the importance of tailoring graft size to the size of the patient will result in more nuanced surgical repair plans to prevent similar adverse events.

However, as the patient in question, I would like to correct one significant detail regarding the outcome of the case. The authors wrote that "knee stability one year postoperatively remained excellent and she had returned to full activities." This statement is inaccurate because 15 months postoperatively, I am unable to run or participate in activities that involve significant valgus or varus stresses to the knee. Simple activities such as descending stairs remain painful. I am motivated to correct this statement so as to further emphasize the goal of the article: urging more individualized approaches to graft size selection in ACL repairs to hopefully further prevent future similar complications. There is limited research on the correlation between graft size and patient gender and BMI.^{2,3} While recent studies have suggested lower overall failure rates with grafts of greater than 8 mm, it may be prudent to avoid generalization when treating patients at either end of the spectrum.

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