

Comment on: “The Influence of Bone Loss on Glenoid Version Measurement: A Computer-Modeled Cadaveric Analysis”



We read the article, “The Influence of the Bone Loss on Glenoid Version Measurement: A Computer-Modeled Cadaveric Analysis” by J. W. Griffin et al.¹ with great pleasure. We are currently conducting a study on glenoid morphology. The literature demonstrates the importance of the natural replacement of glenoid morphology and its implications in practice in instability and joint replacement surgeries.^{2,3}

The technique described by Friedman is still used in our day in glenoid version measurements. In this technique the position of the joint line, with respect to the line of neutral version defined regarding the scapular axis, is defined as anteversion or retroversion.⁴ The effect of the anterior and posterior glenoid defects, created on a computer using this technique, on the version has been investigated in the above-mentioned study. It was reported in the study that all specimens were retroverted and that the anterior defects decreased this angle of retroversion, whereas the posterior defects had an opposite effect, as stated in the Results section. Despite the usage of the term “version” for reflection of the glenoid defect in the measurements in Table 1, the authors used the wording “decreased anteversion” instead of the term “version” in the paragraph that talks about anterior instability, under the Discussion section. In anterior glenoid defects, retroversion decreases, not anteversion. On the contrary, anteversion increases. We wanted to highlight that this expression may cause misunderstandings.

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Regarding “Patient Satisfaction With Nonopioid Pain Management Following Arthroscopic Partial Meniscectomy and/or Chondroplasty”



We read with great interest the study by Daniels et al.¹ titled “Patient Satisfaction With Nonopioid Pain Management Following Arthroscopic Partial Meniscectomy and/or Chondroplasty.” We want to thank Daniels et al. for taking the time to explore the critical topic of non-opioid-mediated postsurgical pain management. In their single-center prospective study of 163 patients, they compared the patient satisfaction rate for opioid and non-opioid treatment after meniscectomy and chondroplasty. This article is of great interest to us as it evokes important topics by addressing the opioid over-prescription by orthopaedic surgeons.² Currently, as mentioned in the study, orthopaedic surgeons are the third-highest prescribers of opioids among American physicians.² With the opioid epidemic in full