



Is there any difference between open and arthroscopic treatment for osteochondritis dissecans of the humeral capitellum?

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Dear editor,

With great interest, we have read the article: “Is there any difference between open and arthroscopic treatment for osteochondritis dissecans (OCD) of the humeral capitellum: a systematic review and meta-analysis” written by Lu et al. [1].

Based on this meta-analysis of ten studies including 142 patients, the authors conclude that both open and arthroscopic lesion debridement with fragment fixation can be successful in treating unstable OCD. Arthroscopy may be a better option than the open procedure, but high-level evidence is needed to determine the superiority of arthroscopic techniques over open procedure in treating elbow OCD.

We think however that this relevant work but its conclusion should be interpreted in light of some limitations. The authors already concluded and discussed that there were differences in baseline characteristics such as the age at time of surgery, gender and number of dominant elbows. Also, many different fixation techniques were applied in these arthroscopic and open procedures.

1. The authors state that all lesions were grade II or higher. Although real evidence is limited, the results of fixation of a grade II OCD will probably be better than grade IV. [2] Other MRI characteristics, like fluid around the fragment on T2 images, are potentially relevant predictors. Were the higher grade OCDs divided equally between the open and arthroscopic group?

2. Age at time of surgery was discussed but an open physis will probably be a better predictor for (good) outcome of OCD treatment than age. [3] Do we know anything about the distribution of this aspect between the groups?

3. The size and position of the lesion, [2, 4, 5] and especially lateral wall involvement (uncontained lesions), [6] are probably other relevant predictors for outcome. Is there any information available on this topic?

If we have no information on these items as discussed above, is it realistic to draw conclusions based on the current available literature? Both methods can lead to good results but more research is needed to differentiate between arthroscopic and open fixation of unstable OCD fragments.

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