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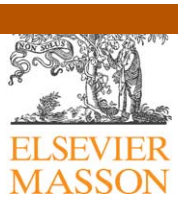

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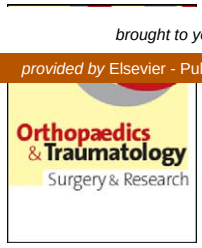

LETTER TO THE EDITOR

Response to the letter by M.L. Reilingh and C.N. van Dijk

Dear colleagues,

I read with interest your criticism about the cut-off size for reasonable indications in the use of the arthroscopy ''tool''. You are quite right in using the threshold of 1.5 cm^2 found in a certain number of reports that you quote; although I mentioned that other authors set it at 1 cm^2, that does not in any way mean that it cannot be a little higher (especially for teams with good experience in arthroscopy).

This is very much a point of detail for hyperspecialists: the real risk in this kind of teaching lecture would be to pretend that arthroscopy can deal with everything to do with OLTD, as once thought.

The first version of this report was reviewed, among others, by Pr T. Judet, who in France at least is considered to be a leading ankle expert: he in fact advised that we were according too great a role for arthroscopy as compared to other alternative techniques, given the fairly mediocre final results obtained, overall and taking all types of treatment together, in these lesions. Where does the truth lie?

In an overview addressed not particularly to hyperspecialists but also to junior physicians in training, my aim was to define the ''consensus'' as to the role of arthroscopy in the management of these lesions—not in terms of short-term benefit at a few months or years (there are no really long-term follow-ups in the reports cited), but as a genuinely reliable treatment (and I say this as a convinced arthroscopist).

I would also remark that the idea of ''area'' is not only arbitrary but also entirely fails to take account of ''in-depth lesion volume'', which is at least equally important in the choice of procedure and never truly assessed whether on CT or on MRI.

I believe that modesty is called for in the difficult management of these lesions, the long-term prognosis for which is, after all, not exactly spectacularly good. You are quite right to stress that the various options should be assessed; but this needs to be over the truly long term (more than 10 years), which in practice is not really the case.

Disclosure of interest

The author declares that he has no conflicts of interest concerning this article.

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