LETTER TO THE EDITOR


We read your article entitled ‘‘Aseptic arthritis after ACL reconstruction by Tape Locking Screw (TLS): report of two cases’’ which appeared online in the journal Orthopaedics & Traumatology Surgery & Research in March 2012, with interest.

This article raises several questions:

• what are the arthroscopic and histological arguments to support your statement that there is a relationship between PET particle release and the effusion that occurred on D-30?
• how can you exclude septic arthritis by unidentified or rare germs since the 2 patients received empirical antibiotic treatment for 2 weeks?
• how can you suggest that remains of the intraarticular strip are the cause of the reaction without direct arthroscopic control?
• why did you use the Gächter classification, which is used for cases of confirmed septic arthritis?
• how can you explain the rapid improvement of the knees and at final follow up (7 and 8 months) even though nothing was done about the PET, which was hypothetically present?

Other hypotheses can be suggested and were not discussed.

Postoperative overuse of the knee, or physical rehabilitation, which was too intensive:

• impingement of the ligament graft with the lateral femoral notch or the axial side of the lateral condyle;
• failure to perform lavage of the joint at the end of the procedure, leaving bone fragments (blind tunnels with the TLS technique) which could result in an aseptic synovial reaction.

In our experience swollen postoperative knees have been observed with the TLS technique in less than 5% of the cases, as with all ligament reconstruction techniques. Thorough lavage of bone debris before graft placement is now systematic. We have never had a ‘‘foreign body’’ type reaction or osteolysis associated with intraosseous PET strips. Nevertheless, we agree with the remark about carefully cutting the ends of the strips.

Disclosure of interest

The authors receive royalties from FH Orthopedics related to the TLS technique.

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Response to the letter by X. Cassard, M. Bowen, M. Collette, H. Lanternier, T. de Polignac, H. Robert

Thank you for your letter concerning our article entitled: ‘‘Aseptic arthritis after ACL reconstruction by Tape Locking Screw (TLS): Report of two cases’’, which appeared online in the journal Orthopaedics & Traumatology Surgery & Research, in the March 2012 issue. We agree that there are numerous points that need to be clarified in our article and we appreciate having the opportunity to provide a more detailed analysis in our response to your letter. We can provide the following explanations to your various questions:

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