Letter to the Editor


Dear Editor

We would like to congratulate the author of this extended review. The objective he described is ‘to review the basic scientific status of repair in articular cartilage tissue and to assess the efficiency of current clinical therapies instigated for the treatment of structural lesions, generated therein as a result of trauma or during the course of various diseases, notably osteoarthritis (OA)’. In this respect, we are very much disappointed with the comments on ‘distraction of joints’ on page 437 of his review.

First of all, citation of articles in a scientific review should be correct. In the section ‘distraction of joints’, all citations to van Valburg et al. were incorrect. The citations in lines 4, 6, and 19 were concerned with the clinical effects of joint distraction in the treatment of severe OA; however, the cited articles describe an in vitro study and an in vivo animal study (references 128 and 129). In the last citation to van Valburg et al., reference number 136 was mentioned, but the number ‘136’ refers to an article of Beaufre et al.

Above all, the text in this section suggests that the author failed to appreciate the clinical effects of joint distraction in the treatment of OA, despite several publications on this subject. Clinical benefit of joint distraction in the treatment of OA was first described for hip OA. In a retrospective study, we found that distraction of severe osteoarthritic ankle joints resulted in clinical improvement. In a prospective uncontrolled study, we showed that joint distraction in the treatment of severe ankle OA resulted in a significant relief of pain after 1 year, with a further improvement in the following year. Functional and clinical status were ameliorated after 1 year, and were also improved in the following year. All the three articles have not been cited.

The author suggests. This has been clearly presented in an instructional course described by van Roermund et al. We have measured the intermittent fluid pressure intraarticularly during joint distraction. These fluid pressures were similar to those stimulating cartilage matrix synthesis in OA cartilage in an in vitro model. Also in the animal model, we have measured similar fluid pressures intraarticularly during the joint distraction in which chondrocyte activity was normalized when compared to the osteoarthritic-untreated control joints (reference 129). We can agree with the statement that joint immobilization leads to degeneration of the joint. It is specifically for this reason that we used joint distraction that results in intraarticular intermittent fluid pressure during distraction. The importance of this concept was also described by Buckwalter.

Last but not the least, stating that ‘the experimental set-up and controls described by van Valburg et al. (with incorrect references) appear to suffer from conceptual deficiencies’, without giving appropriate reasons is, in our opinion, not sound.

Taken together, on the basis of the reviewed articles, we believe that the author was unable to draw an appropriate conclusion on joint distraction in the treatment of severe OA and is misleading the readers of Osteoarthritis and Cartilage.

References


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