Letter to the Editor

Letter to the Editor: Anconeus Interposition Arthroplasty: Mid- to Long-term Results

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To the editor,

We read the article by Baghdadi and colleagues with great interest. The authors concluded that an anconeus arthroplasty provides a reasonable surgical alternative in the armamentarium of procedures to address pathology at the radiocapitellar and/or proximal radioulnar joint.

We would like to share two comments that will add context to Baghdadi and colleagues' conclusions. First, the authors stated that anconeus arthroplasty is an attractive solution

when radial head replacement is not an option, such as in cases with capitellar erosion. As discussed by the authors, we believe that in selected cases with both radio- and capitellar-sided pathology, a radiocapitellar prosthetic arthroplasty could be an option as well [2]. There is less evidence to support radiocapitellar prosthesis as compared to the anconeus interposition arthroplasty. However, we argue that radiocapitellar arthroplasty is theoretically more advantageous because it provides stability against valgus stress, resistance against proximal migration

of the radius, and tightens the lateral collateral ligament complex [3]. Additionally, Baghdadi and colleagues conclude that anconeus arthroplasty should be preferred over simple radial head resection. We believe this conclusion is overstated as we lack comparative data [3] and long-term results of radial resection are satisfactory in selected cases [4].

Finally, did the authors find a correlation between proximal migration of the radius and inferior outcomes after anconeus interposition arthroplasty with the numbers available?

(RE: Baghdadi YM, Morrey BF, Sanchez-Sotelo J. Anconeus interposition arthroplasty: Mid- to long-term results. [Published online ahead of print May 29, 2014]. *Clin Orthop Relat Res*. DOI: [10.1007/s11999-014-3629-3](https://doi.org/10.1007/s11999-014-3629-3).) Each author certifies that he or she, or a member of his or her immediate family, has no funding or commercial associations (eg, consultancies, stock ownership, equity interest, patent/licensing arrangements, etc) that might pose a conflict of interest in connection with the submitted article. All ICMJE Conflict of Interest Forms for authors and *Clinical Orthopaedics and Related Research*® editors and board members are on file with the publication and can be viewed on request.

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References

1. Antuña SA, Sánchez-Márquez JM, Barco R. Long-term results of radial head resection following isolated radial head fractures in patients younger than forty years old. *J Bone Joint Surg Am*. 2010;92:558–566.
2. Baghdadi YM, Morrey BF, Sanchez-Sotelo J. Anconeus interposition arthroplasty: Mid- to long-term results. [Published online ahead of print May 29, 2014]. *Clin Orthop Relat Res*. DOI: [10.1007/s11999-014-3629-3](https://doi.org/10.1007/s11999-014-3629-3).
3. Heijink A, Morrey BF, Eygendaal D. Radiocapitellar prosthetic arthroplasty:

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a report of 6 cases and review of the literature. *J Shoulder Elbow Surg.* 2014;23:843–849.

4. Lindenhovius AL, Felsch Q, Doornberg JN, Ring D and Kloen P. Open reduction and internal fixation

compared with excision for unstable displaced fractures of the radial head. *J Hand Surgery Am.* 2007;32:630–636.