Reply to the Letter to the Editor

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

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We would like to thank Dr. van den Bekerom and colleagues for their letter regarding our recently published paper [1]. Their comments were insightful and will benefit many readers.

We agree with van den Bekerom and colleagues' comments that comparing the clinical results of anconeus interposition arthroplasty to the results of other surgical

treatments (radiocapitellar prosthetic arthroplasty or simple radial head resection) will provide stronger evidence than we reported in our current study [1]. However, we state that the anconeus arthroplasty can serve as an option for situations in which these other interventions are not feasible for any of several reasons. Each patient included in our series had been independently evaluated for best available option to address their radiocapitellar arthritis and/or proximal radioulnar impingement. Given that these patients had been treated with anconeus arthroplasty during a wide study period (between 1992 and 2012) other alternatives to anconeus arthroplasty might not have been available at the time of patient presentation. Additionally, these patients mostly were young and largely underwent the interposition to address a multifactorial elbow symptoms rather than an isolated problem in the context of multiple previous interventions; 14 patients (48%) in this group had at least

two prior operations on the affected elbow. Furthermore, since these patients generally were rather young, we try to avoid prosthetic replacement because of concerns with the unresurfaced capitellar side of the joint at the long term, as well as mechanical failure of a radial head implant secondary to loosening [3]. Also the current long-term reports are insufficient to support the radiocapitellar prosthetic arthroplasty [2].

Finally, as noted in our study limitations, the latest radiographs were not available for all patients and the radiographic followup duration was obviously shorter in comparison to the followup of patient outcome scores. Thus, it would be difficult to correlate any radiographic parameters, including proximal migration of the radius, with outcomes scores, since the information on each of these two measures was collected at different time point.

References

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