Letter to the Editor

A critical analysis of the paper – Single-step scaffold-based cartilage repair in the knee: A systematic review

We would like to congratulate the authors for their recent publication on this upcoming and exciting topic.¹ However, after critically analyzing it we would like to make some comments:

1. This paper failed to describe the details of criteria for inclusion and exclusion of the patients in this study. The study has excluded papers with patient sample size less than 50 which according to us is too farfetched. Many important studies get excluded and hence alter the results here.
2. The mean age group of their cases is relatively young (31–40 years). There are ample of recent publications² showing that these procedures are being carried out even in older patients with cutoff up to 65 years of age. Hence, the authors did not explain the exclusion reasons for these study groups.
3. The authors have included OCD as an operative indication but have not mentioned anything about the need of additional bone grafting in some of these cases, with significant bone loss. We believe that in such cases growing cartilage on the defect is like building a 'tower on the sand,' which will eventually fail quickly.
4. It is not clear which single staged procedures were done by arthroscopy and by arthrotomy and what criteria were used for making this decision. This could be of relevance in the outcomes as the rehabilitation time is extended in arthrotomy cases and could also be associated with higher risk of infection.
5. A serious shortcoming of this study is short term follow-up of their patients and has serious clinical implications as it is known that cartilage takes at least 18 months to show its full growth.³ Moreover, no postoperative assessment of the quality of cartilage was done by imaging or arthroscopically making us suspicious about the 'success' of these procedures.
6. Systematic reviews and RCTs are considered excellent evidence as they stand high up in the hierarchy of evidence. But, the

number of patients for a Systematic review in this study is very small, making the results less robust and hard to believe and generalize.

7. At our centre, we have successfully used single staged scaffold augmented mesenchymal stem cell-induced chondrogenesis (MCIC) technique.⁴ Our 5-year follow-up of these 300 patients have shown excellent results and significant improvement in the Tegner, Lysholm and IKDC scores as compared to two staged procedures and microfracture techniques. Hence, we do not agree with the conclusion of this paper that there is no difference between the two groups. The conclusion of this paper needs to be seen with caution, keeping all of these factors in mind.

References

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