Comments on the article “Non-Surgical Treatment of Lateral Epicondylitis: A Systematic Review of Randomized Controlled Trials”

Dimitrios Stasinopoulos¹

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Michael W. Neumeister, MD
Editor-in-Chief, *HAND*

Re: Sims SEG, Miller K, Elfar JC, Hammert WC. *Hand*. 2014;9(4):419-446

Dear Dr. Neumeister,

Sims et al.⁴ report in the article titled “Non-surgical Treatment of Lateral Epicondylitis: A Systematic Review of Randomized Controlled Studies” that lateral epicondylitis (LE) is a condition that is usually self-limited. I would like to report the following:

LE categorizes the condition according to the site of injury and pathophysiology. The suffix “itis” implies an inflammatory pathology, although a review of the findings of histological immunohistochemical and electron microscopy studies suggests that the condition may be degenerative rather than inflammatory. Hence, the increased presence of fibroblasts, vascular hyperplasia, proteoglycans, and glycosaminoglycans together with disorganized and immature collagen may all take place in the absence of inflammatory cells.³ Furthermore, pathology is not always over the lateral epicondyle but may occur below it, on the facet of the lateral epicondyle.² Therefore, lateral elbow tendinopathy seems to be the most appropriate term to use in clinical practice because terms such as LE make reference to inappropriate etiological, anatomical, and pathophysiological terms.⁵

It is proposed that the natural history of LE was between 6 months and 2 years, which has since been widely cited. In contrast, recent reports have shown that symptoms may persist for many years and recurrence is common. Therefore, LE is not self-limiting and is associated with ongoing pain and disability in a substantial proportion of sufferers.¹

A debate on the above 2 topics is most welcome as existing aspects may contribute to misunderstanding and inappropriate treatment.

Sincerely,

Dimitrios Stasinopoulos

Vice-Chairperson / Assistant Professor, Physiotherapy
Coordinator of MSc in Sports Physiotherapy
Coordinator of Physiotherapy Program
Director of Cyprus Musculoskeletal and Sports Trauma
Research Centre (CYMUSTREC)
Physiotherapy Program, Department of Health Sciences,
School of Sciences, Nicosia, Cyprus

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¹European University of Cyprus, Nicosia, Cyprus

Corresponding Author:

Dimitrios Stasinopoulos, European University of Cyprus, 6, Diogenes Str. Engomi, P.O. Box 22006, 1516, Nicosia, Cyprus.
Email: D.Stasinopoulos@euc.ac.cy