Comment on the article “A Clinical Scoring System for Distinguishing Patients With Coincident Cubital Tunnel Syndrome Among Patients With Carpal Tunnel Syndrome”

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Peter Hahn¹

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

Re: Koh J, Azari KK, Benhaim P. [published online June 8 2016]. *HAND*. 2016. doi 10.1177/1558944716654660.

Dear Dr. Neumeister,

Simple clinical tests or scoring systems can be of great value for daily use. The way the authors try to solve the problem and set up a new score is interesting. They use multivariate logistic regression, a method from predictive modeling, which analyzes current facts to predict unknown events. The method is appropriate, but limitations must be considered.

All methods of predictive modeling are at risk of overfitting. This implies that the model represents the developmental cohort perfect, but prediction on new, unknown data may be not so accurate. The authors established and tested their score on the same set of data, which can obscure overfitting. Therefore, prospective results from a new cohort of patients, independently investigated, are of great interest.

The score suggested by the authors is based on five features including positive ulnar nerve conduction test. A score exclusively built on clinical parameters would be of greater value. Using such a score, hand surgeons can decide, after clinical examination, whether a patient presenting with carpal tunnel syndrome needs further diagnostic, for example, nerve conduction.

In the “Results” section the authors present the stratified risk categories with a mixture of specificity and

positive predictive value (PPV) for Koh-Benhaim score-1 (KB-1) and sensitivity and negative predictive value (NPV) for Koh-Benhaim score-4 (KB-4). This is confusing, because NPV and PPV depend on the prevalence of coincidence of the two syndromes in the observed population, but prevalence is not provided by the authors. Could they give the values of sensitivity and specificity for each score with PPV and NPV for a given prevalence?

Finally, the values given in the results section of the abstract are not supported by the main text.

Sincerely,
Peter Hahn

Vulpius Klinik, Handsurgery, Bad Rappenau, Germany

¹Vulpius Klinik, Bad Rappenau, Germany

Corresponding Author:

Peter Hahn, Handsurgery, Vulpius Klinik, Vulpiusstr. 29, D-74906 Bad Rappenau, Germany.

Email: peter.hahn@vulpiusklinik.de