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Letter to the editor

Management of Juxta-articular chondroblastoma

Dear Editor and Chief,

Journal of Clinical Orthopaedics and Trauma (JCOT)

We would like to thank you for the opportunity to respond to the comments raised in this letter to the editor concerning our publication, "Arthroscopic management of Juxta-articular chondroblastoma with bone substitutes – A case report." We would like to thank the writers of this letter for taking a keen interest in our paper as well as taking the time and expertise to express their views on management of benign tumours. While they have, with valid reason, brought into discussion various points regarding the advent of new technology and modalities of treatment, we would like to bring more context to our decision making with this specific case.

While Lalam et al. found that radiofrequency ablation had good outcomes and suggested that it may be superior to surgery, they laid emphasis on the need for appropriate patient selection. They concluded that smaller lesions with intact bony margins in areas of difficult surgical access would benefit from radiofrequency ablation.[1]

Further emphasis has been laid on patient selection by adopting multidisciplinary teams/musculoskeletal tumour committees in planning intervention and individualising treatment.[2,3]

Multiple studies have shown that radiofrequency ablation can result in subchondral fractures as a complication.[1,3–5] We would like to emphasize that during initial arthroscopic examination in our patient, the roof of the lesion in question was noted to be hyperaemic and friable, indicating inadequate bony margins and increased susceptibility to subchondral fracture.

Although the outcomes of radiofrequency ablation have thus far been promising in comparison to surgery, this letter to the editor has brought to light the lack of standardisation with regard to criteria for patient selection and treatment protocols. Most quoted literature refers to radiofrequency ablation as a "treatment alternative" rather than a gold standard and after thorough literature review, we were unable to find any meta-analysis to substantiate it replacing surgery as the standard of treatment.[1,2,4,5]

While we do agree that new advances and non-invasive techniques have revolutionized the way we treat patients and can pave the way to set new treatment standards, it is unfortunate that the lacunae in present literature are unable to facilitate the same. We hope that in time this can change and literature can catch up to present-day clinical practice.

References

1. Lalam RK, Cribb GL, Tins BJ, et al. Image guided radiofrequency thermo-ablation therapy of chondroblastomas: should it replace surgery? *Skeletal Radiol*. 2014;43:513–522. https://doi.org/10.1007/s00256-014-1820-y.
2. Xie C, Jeys L, James SLJ. Radiofrequency ablation of chondroblastoma: long-term clinical and imaging outcomes. *Eur Radiol*. 2015;25:1127–1134. https://doi.org/10.1007/s00330-014-3506-1.
3. Ruiz Santiago F, Láinez Ramos-Bossini AJ, Martínez Martínez A, García Espinosa J. Chondroblastoma treatment by radiofrequency thermal ablation: initial experience and implementation. *Eur J Radiol*. 2021;144. https://doi.org/10.1016/j.ejrad.2021.109950.
4. Rybak LD, Rosenthal DI, Wittig JC. Chondroblastoma: radiofrequency ablation - alternative to surgical resection in selected cases. *Radiology*. 2009;251:599–604. https://doi.org/10.1148/radiol.2512080500.
5. Kulkarni SS, Shetty NS, Gala KB, et al. Percutaneous radiofrequency ablation of appendicular skeleton chondroblastoma—an experience from a tertiary care cancer center. *J Vasc Intervent Radiol*. 2021;32:504–509. https://doi.org/10.1016/j.jvir.2020.07.027.

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