

Browser's notes

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Does pathological fracture affect the rate of local recurrence in patients with a giant cell tumour of bone? A meta-analysis.

Salunke AA, et al.
Bone Joint J. (2015); 97-B(11):1566–71

Review of 18 publications reporting 3,215 patients with giant cell tumor of bone found no significant difference in local recurrence rate for patients with pathological fracture (580 patients, 18 %) and those without fracture over a mean follow up duration of 6.5 years. Additionally, analysis of the subset of 1,325 patients (257 with fractures) treated with curettage also found no significant increased risk for recurrence. These data indicate that pathological fracture at presentation is not a negative prognostic factor for patients with giant cell tumor of bone, and treatment with curettage may be safely performed in the setting of fracture.

What is the radiographic prevalence of incidental Kienböck disease?

van Leeuwen WF, et al.
Clin Orthop Relat Res. (2016); 474(3):808–13

Review of radiology reports (n=123,566) of all hand radiographs (n=115,817), MR (n=4,824) and CT (n=2925) studies performed on adults (n=51,071, mean age 48 years, 51 % male) over an 11 year period yielded 138 patients (0.27 %) with radiographic evidence of Kienböck disease. Chart review showed 37 % of the patients had incidentally diagnosed Kienböck disease, while the remainder were symptomatic or had previously diagnosed disease. The mean age of the

symptomatic patients (48 years) was significantly lower than that of asymptomatic patients (54 years). Lunate collapse was the only other factor significantly associated with symptoms (32 % of symptomatic vs. 7 % of asymptomatic patients). The authors suggest that the Kienböck disease process may arrest before collapse and remain clinically silent with a resultant “accumulation” of older patients with asymptomatic radiographic findings.

Nonoperative treatment and return to play after complete proximal adductor avulsion in high-performance athletes.

Ueblacker P, et al.
Knee Surg Sports Traumatol Arthrosc. (2015); Jun 9.
[Epub ahead of print]; PMID 26055254

This case series presents 6 male professional athletes (mean age 28, range 20–32 years; 5 European football, 1 ice hockey) with traumatic avulsions of the adductor longus tendon successfully treated non-operatively. At presentation, all tendons were distally retracted from their origins (mean 2.1 cm, range 1.5–2.8 cm) resulting in a soft tissue defect with a mean area of 7.3 cm³. Serial ultrasound and MR imaging performed at 4, 8 and 12 weeks showed progressive healing of the tendon with detectable filling of the soft tissue defect at 4 and 8 weeks and full tendon reattachment to the pubis at 12 weeks with no detectable tendon defect. At 6 weeks post-injury, all patients could actively contract the torn adductor muscle. All patients returned their pre-injury level of performance with an average of 88.7 days (range 75–110 days) before to return to play.

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