**Answer to the Letter to the Editor of H. Namazi concerning
“Denosumab: a potential new and innovative treatment option
for aneurysmal bone cysts” by Lange T, Stehling C, Fröhlich B,
Klingenhöfer M, Kunkel P, Schneppenheim R, Escherich G,
Gosheger G, Harges J, Jürgens H, Schulte TL (2013),
Eur Spine J;22(6):1417–1422**

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Dear Editor,

We read with great interest and appreciate the comment on an additional route how Denosumab works [1]. Our article focused on the clinical application of Denosumab in aneurysmal bone cysts [2]. This comment highlights the physiological mechanisms of the effect of Denosumab and thus perfectly completes and complements our work. In general, the continuous process of bone resorption and formation underlies different mechanisms and is well balanced in the healthy skeleton. In addition to the RANKL mechanism, the Wnt/ β -catenin pathway has been identified to play an important role in bone formation [3]. Long-term treatment with Denosumab has been shown to increase sclerostin levels which has been proven to lead to a depressed bone formation [4], but simultaneously DKK1 decreases which is thought to inhibit the sclerostin effect [1]. The clinical effect of Denosumab also in children will be a compound of these different pathways.

Conflict of interest None.

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