BROWSER'S NOTES

Return to play after thigh muscle injury in elite football players; implementation and validation of the Munich muscle injury classification
Ekstrand J, et al.
Br J Sports Med (Online – May 5, 2013 10.1136/bjsports-2012-092092)

For the purposes of this study, a thigh muscle injury was defined as a traumatic distraction or overuse injury to the anterior or posterior muscle groups leading to a player being unable to train or participate in match play. Contusions, hematomas, tendon ruptures and tendinopathies were excluded. 31 European professional teams (1,032 players) were followed between July 2011 and May 2012. The initial MRI examination was performed within 24–48 h of the injury event. Findings of interest are that 77 % of clinically classified structural tears were evident on MRI in only 29 % of injuries. MRI did not aid in distinguishing between moderate or minor structural injuries suggesting that the Munich classification is more sensitive than MRI in detecting low grade structural injury. As expected, structural injuries well demonstrated on MR imaging resulted in longer lay off times as distinct from functional injuries.

Percutaneous image guided cryoablation of painful metastases involving bone
Callstrom HR, et al.
Cancer (2013) 119; 1033–1041

A multicenter clinical trial using image-guided percutaneous cryoablation for palliation of painful bone metastases treated 61 adult patients with 69 tumors over a 44 month period. The tumors ranged in size from 1 to 11 cm. The mean score for worst pain decreased over the first 24 h and remained decreased for a 6-month follow-up period in comparison with the pain score prior to cryoablation. Only one major complication was encountered (2 %)—osteomyelitis at the site of ablation. The authors conclude that the technique is safe and durable for palliation of pain due to metastatic disease.

Treating Metastatic disease: which model is best suited for the clinic?
Forsberg JA, et al.
CORR (2013) 471; 843–850

3 models were created, designed to predict 3- and 12- month survival on 189 patients who underwent surgery for skeletal metastases to predict 3- and 12- month survival. The models were based on artificial neural network (ANN) a Bayesian Belief Network (BBN) and logistic regression. The models were compared for accuracy of determining survival. The ANN model showed the highest discrimination for 3 and 12 month models resulting in the highest net benefit.

The significance of an asymmetric extension gap on routine radiographs after total knee replacement: A new sign and its clinical significance.
Liebs TR, et al.
Bone Joint J (2013) 95-B:472-7

Between January 2003 and April 2006 381 patients undergoing total knee replacement (TKR) were recruited. The width of the tibial tray, the distance between the respective condyles and tray were calculated. An asymmetric extension gap of >3 mm was seen in 3.6 % of patients, of >2 mm in 9.7 %, of >1.5 mm in 14.8 %. The authors conclude that a static asymmetric gap is common. A medial opening extension gap of >1.5 mm was associated with more pain at 3 and 6 months after surgery than a lateral gap, which was associated with less pain and faster recovery. This analysis did not address whether the asymmetric extension gap was still present at a later date, although they speculate that the gap could decrease over time with increased muscle strength and general stretching of tissues.

Abstracted by Murali Sundaram