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BROWSER'S NOTES

Browser‘s Notes

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Blunt force may be an effective treatment for ganglion cysts.

Trivedi, NN, et al.
HSS J. 2016; 12(2):100-4

A search of the YouTube.com website identified 214 videos demonstrating people (52 % male, mean age 32 years) attempting to treat hand or wrist ganglion cysts (82 % dorsal cysts and 18 % volar) using blunt force. The authors contacted the people posting the videos by email to complete a survey that recorded patient demographics, method of delivering trauma, number of attempts before cyst rupture, whether the cyst recurred, and what, if any, medical treatment was sought. There were 38 (18 %) survey responses. All but one respondent used a book to deliver the force and an average of 1.6 (range 1–5) attempts were required for successful cyst rupture. The other subject used a frying pan. Most, 58 %, had no recurrence of the cyst following disruption (mean follow-up of 24 months, range 4–39 months) while 16 (42 %) of cysts recurred within a mean time of 8 months (range 1 week to 3 years). By contrast, reports show spontaneous resolution of ganglions occur in 45 % of patients (mean follow-up 64 months), while following needle aspiration 53 % of cysts recurred, and, following surgical treatment, 13 % recurred. While blunt force was shown to successfully treated ganglion cysts of the wrist and hand in a majority of survey responders, a poor survey response rate and the selection bias of who chose to upload their video are limitations of the study.

The accuracy of imaging techniques in the assessment of periprosthetic hip infection: a systematic review and meta-analysis.

Verberne SJ, et al.
J Bone Joint Surg Am. 2016; 98(19):1638–45

This meta-analysis systematically reviewed the English lite rature and compared the sensitivities, specificities and accu racies of imaging modalities for the diagnosis of periprosthetic hip infection. A total of 31 studies published from 1988 to 2014 using bone scintigraphy, FDG-PET, leukocyte scintigraphy, antigranulocyte scintigraphy, combined leukocyte and bone marrow scintigraphy, and combined bone-gallium scintigraphy were included. Surprisingly, there were insufficient data to evaluate radiography, MR, ultrasound and CT. The authors conclude that leukocyte scintigraphy (88 % sensitivity, 92 % specificity) and FDG-PET (69 % sensitivity, 96 % specificity) have appropriate accuracy for diagnosis of periprosthetic hip infections, however the cost and availability of PET scanning may limit its use. They found the addition of bone marrow imaging to leukocyte scintigraphy improved specificity to 96 %, but diminished the sensitivity to 69 %. Antigranulocyte scintigraphy had a lower sensitivity (84 %) and specificity (75 %). As expected, bone scintigraphy was sensitive (80 %), but not specific (69 %).

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