LETTER TO THE EDITOR



Clinical experience with arthroscopically-assisted repair of peripheral triangular fibrocartilage complex tears in adolescents—technique and results

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To the Editor:

It was with great interest that we read Farr et al.'s article [1] "Clinical experience with arthroscopically-assisted repair of peripheral triangular fibrocartilage complex tears in adolescents—technique and results.". In this article, the authors examined adolescents who suffered from triangular fibrocartilage complex (TFCC) 1B tears among other pathologies postoperatively after TFCC refixation to the capsule.

TFCC tears and concomitant distal radioulnar joint (DRUJ) instability are often neglected entities among young patients [2]. Therefore, the study is of relevance and the postoperative results are very encouraging.

Nevertheless, in our opinion, several issues ought to be pointed out. Since you examined the DRUJ postoperatively, did you assess the latter prior to surgery? In this context, we often regard the assessment of the DRUJ as a real challenge [3, 4]. What test do you apply or prefer for detecting DRUJ instability? It would be interesting to know if patients suffered from DRUJ instability prior to surgery. In cases of DRUJ instability, it may be of relevance if the results of these patients were assessed separately.

Moreover, did the authors find significant differences of sturdiness for the refixation technique applied, since degenerative changes are not to be expected concerning these young patients? We would like to know if the authors regard transosseous refixation as an option for young patients with DRUJ instability?

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Furthermore, the authors stated that all patients were examined using MRI prior to surgery. We would like to stress that MRI findings should be interpreted very cautiously regarding TFCC lesions, and we agree with the authors that wrist arthroscopy is not only the reference standard for treatment of many wrist pathologies but also for diagnosing [5].

In summary, the study shows clearly that wrist arthroscopy and additional treatment can be performed successfully for young patients.

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