



Comment on article by Quan Yu Dong and Dong Dong Wan et al.: Results of the osteochondral autologous transplantation with great interest for treatment of osteochondral lesions of the talus with harvesting from the ipsilateral talar articular facets

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Dear Editor,

We found the article in *International Orthopaedics* by Quan Yu Dong and Dong Dong Wan [1]. Quan Yu Dong and Dong Dong Wan provided a new idea for the treatment of osteochondral lesions of the talus by evaluating the efficacy of autologous cartilage transplantation on the articular surface of the ipsilateral talus. After reading the author's excellent and valuable article, we would also like to offer some of our own observations. We have some suggestions and questions that we would like to communicate with the authors:

1. The author conducted a statistical analysis of the age, gender, and duration of symptoms of the subjects, and no significant differences were found. However, only considering the lower limb alignment of patients without considering the underlying diseases of patients, such as diabetes, lower extremity vascular disease, and other diseases that affect surgical wound healing, may affect the results of the study. In addition, the small sample size in this study may lead to non-representative results.
2. The author failed to elaborate on the classification of talar cartilage injury in this study. At present, the most common type is Hepple classification, and Hepple III–V types are mainly treated by surgery [2]. This study would

be more meaningful if the author also made statistical analysis of the classification of talar cartilage injury.

3. The author released the anterior and posterior talofibular ligaments during the operation in order to expose the distal end of the lateral malleolus, but the article did not mention that the strength of the ligament was strengthened during the operation. We guess whether this was the cause of ankle instability in the two patients who were followed up. Usually, more than 50% of ankle sprain patients are accompanied by talar cartilage injury [3]. Therefore, the anterior talofibular ligament may be injured at the same time of talar cartilage injury, so strengthening the anterior talofibular ligament should also be considered.

Finally, we thank Quan Yu Dong and Dong Dong Wan et al. for providing us with an important study. We welcome some of the comments made by the authors as they will help to further support the results of this important study.

References

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