

Letters to Editor

Gorham's disease of femur - A response

Sir,

We read with great interest the manuscript entitled "Gorham's disease of femur," by Baba *et al.*¹ There is still no clear consensus about the treatment of Gorham's disease as it shows variable response to medical and surgical treatment.

In 2009, we published our report on treatment of diaphyseal Gorham's disease with radiotherapy and fibular graft.² We had similar belief as that of the authors that radiotherapy converts the proliferating blood vessels to fibrous tissue. Subsequent fibular graft transplantation into the defect results in good incorporation. In our previously published article, we reported about the successful transplantation of a fibular graft after radiation therapy in a case of radial diaphysis Gorham's disease in a 15-year-old girl who had a followup of 2 years at that time.² But unfortunately, we noticed the recurrence of the disease after 5 years of surgery and the fibular graft in her case showed resorption. It is quite difficult to predict when the disease process actually ceases its activity in Gorham's disease. In our case whether it was a recurrence or it was because of residual disease pathology at that site is quite difficult to say. Whatever may be the cause of resorption of the fibular graft in our case, we would like to say that the followup of the patient (2 years) in the article of Baba *et al.* is quite short to predict the outcome. We, from our own experience, would like to suggest the authors that they should follow their patient for a long time to have definite conclusion about the outcome of radiation treatment in Gorham's disease. We still believe that the response to treatment is quite variable and unpredictable in Gorham's disease. Long term outcome of all patients treated till date with different procedures must be reported to have better understanding about the disease and its treatment.

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