

Arthroscopic surgery and osteoarthritis of knee

To the editor

Aydogan et al¹ state that “in current practice, arthroscopy is being used effectively in knee osteoarthritis surgical treatment.” We disagree with their statement. In a randomized, placebo-controlled trial to evaluate the efficacy of arthroscopy for knee osteoarthritis, a total of 180 patients with osteoarthritis of the knee were randomly assigned to receive arthroscopic debridement, arthroscopic lavage, or placebo surgery.² Patients in the placebo group received skin incisions and underwent a simulated debridement without insertion of the arthroscope. Patients and assessors of outcome were blinded to the treatment-group assignment. Outcomes were assessed at multiple points over a 24-month period with the use of 5 self-reported scores - 3 on scales for pain and 2 on scales for function - and one objective test of walking and stair climbing. A total of 165 patients completed the trial. The results showed that at no point did either of the intervention groups report less pain or better function than the placebo group. The mean scores on the Knee-Specific Pain Scale were similar in the placebo, lavage, and debridement groups, at one year and at 2 years.

In conclusion, this controlled trial involving patients with osteoarthritis of the knee, the outcomes after arthroscopic lavage or arthroscopic debridement were no better than those after a placebo procedure. Recently, the National Institute for Health and Clinical Excellence (NICE) in the United Kingdom published clinical guidelines for care and management of patients with osteoarthritis.³ The guidelines state that “referral for arthroscopic lavage and debridement should not be routinely offered as part of treatment for osteoarthritis, unless the person has knee osteoarthritis with a clear history of mechanical locking.”

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Reply from the Author

First of all, I would like to thank you so much for your kind attention to our paper. I have read the comments of dear Dr. Ali S. M. Jawad on our paper. I would like to mention that Aydogan et al, only intended to tell the results of their own experiences with good outcome in the first sentence given in the correspondence letter. “In current practice” statement suggests only the arthroscopic applications used in our local clinics and this general word should not be taken as if it covers the whole practice outcomes from all clinics around the world. I am also aware that there are so diverse results gathered from other numerous studies worldwide. I think this does not necessarily mean that all arthroscopic intervention approaches result in the same way, however, some partially beneficial aspects may be present as well. Medicine has no sharp edged limits in many cases, and we can not predict the outcomes in some patients. As a result, different data gathered from various studies contribute to the development of further insights in scientific research fields.

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