Comments on "Pulsed Radiofrequency Treatment of Saphenous Nerve for Osteoarthritis"

To the Editor:

I read the article in September issue "A Double-Blind, Placebo-Controlled Study of Ultrasound-Guided Pulsed Radiofrequency Treatment of the Saphenous Nerve for Refractory Osteoarthritis-Associated Knee Pain" by Hironobu Uematsu et al, with immense interest (1).

The authors have highlighted the role of Pulsed radiofrequency treatment in anteromedial knee pain. The authors have mentioned that the patients in the placebo group underwent the same procedure with motor stimulation (3 Hz, 0.5 V) for 120 s, which was repeated four times (1). There are few concerns regarding this approach for the control group.

Firstly, did authors encounter any difficulty in ethical clearance for such randomized controlled trial where controls had to undergo an intervention including needle insertion without any treatment being done. Would it not have been sufficient if intervention was compared to conservative physical therapy.

Secondly, the needle was inserted until the tip touched the saphenous nerve followed by sensory and motor stimulation. It would be appreciated if authors suggest any specific target location so as to avoid motor stimulation to vastus medialis. Or did they encounter any cases with motor stimulation to vastus medialis so that they had to change the needle location.

It is known that for post operative pain relief in total knee arthroplasty cases, periarticular injection (anterolateral to femoral artery) is done in adductor canal if saphenous nerve is not visualized (2). In this study, saphenous nerve may not be very clearly visualized in some cases, in such cases it will be prudent to know which location was preferred by authors. These are concerns so that will help us to develop better understanding of the saphenous nerve pulsed radiofrequency and once again we congratulate authors for their immaculate work.

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References

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