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Reply

We are thankful for the comments made by Dr. González Herranz on the treatment of stenosing tenosynovitis in the child's thumb. In the study by Ramírez et al¹ out of a total of 135 trigger thumbs examined, the percutaneous technique was used in 45. The procedure was carried out by 3 surgeons, each with roughly the same experience of the technique (11, 15 and 17 cases respectively) and the same percentage of recurrences. The main difference we find with respect to the study by Ruiz-Ibán et al² concerns the immobilization period following surgery. In our cases, the thumb was kept immobile with a soft bandage for about 7 days to prevent antalgic flexion contracture. It could be that early mobilization might produce a better functional result.

In his setter to the editor, Dr. González Herranz states that trigger thumb recurrences are more frequent when the percutaneous approach is used and that complications are less severe with open polectomy. The low number of complications we obtained with the open technique (2 superficial infections), in line with the findings of other authors^{3,4}, should not be construed as a deterrent. Moreover, the percentage of recurrences obtained with the percutaneous technique should make us extra careful when indicating it in children.

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Solitary Fibrous Tumor in the Adult Hip

Presented as a scientific poster at the XLII SECOT Meeting held in Seville in October 2005.

Solitary fibrous tumors are a primitive mesenchymal cell neoplasm with multidirectional differentiation characteristics. It was first described in 1921 by Klemperer and Rabin in the pleura. The origin of most of these tumors can be traced back to the thoracic cavity, although they have also been identified in other locations such as the peritoneum, the nasopharynx, the bowels, the upper respiratory tract, the orbit, the thyroid gland and the spine. Few cases have been described in the lower limbs.

CASE REPORT

Sixty-year old male with significant left inguinal pain. It should be said that he had high blood pressure and non-insulin dependent diabetes mellitus that he was being treated for. The patient presented with left groin pain on palpation and hip flexion and extension. He had impaired flexion and internal rotation with a slight limp. No mass was detected in either lower limb. The x-ray study showed bilateral hip arthritis that was more severe in the left hip. Initially, conventional treatment was applied. Pain gradually increased to the extent that the patient came to feel pain even when at rest and was occasionally awakened by it.

One year later, the patient was operated on. A total left hip replacement was performed through a posterior approach. Intraoperatively, a highly vascularized ganglion-like tumor was observed in the anterior region of the surgical field that extended to the anterior aspect so that it could not be fully dissected with the posterolateral incision. A decision was made to take samples and for a pathological analysis, which came up with a diagnosis of neurofibroma. An immunohistochemical study revealed a new mesenchymal formation with an ill defined histological pattern constituted by spindle cells that showed no atypia or mitosis that corresponded to fibroblasts and that were positive for CD-