



LETTER TO THE EDITOR

[Translated article] Reply to “Letter to Editor of RECOT. Functional outcomes and eight-year survival of hip arthroscopy in patients with degenerative hip disease”, by J. Sanz-Reig and J. Más-Martínez



[Artículo traducido] Respuesta a «Carta al Director de la RECOT. Resultados funcionales y supervivencia a ocho años de la artroscopia de cadera en pacientes con patología degenerativa de cadera», de J. Sanz-Reig y J. Más-Martínez

Dear Editor,

First of all, we would like to thank you for the interest shown in our article, as well as for the critical reading of it. The authors of the letter to the editor have undoubtedly carried out a thorough dissection of our publication. It is precisely for this reason that we are surprised that their letter repeats the limitations already expressed in the discussion.

These limitations, of which there are many, have already been emphasised in the manuscript under their own heading in the discussion section. It is worth noting that the first limitation mentioned is selection bias.

Furthermore, this event is relatively common in studies covering this type of pathology and procedures^{1,2}; as some authors point out and as we refer to in the discussion section, it could be due to the fact that this is a demographic stratum with a high occupational mobility.¹

One of the strengths of our publication lies in the long-term follow-up of patients, to our knowledge the longest published to date in our language. This implies that the procedures were performed in the time period mentioned above.

The need to include consensus in the discussion is questionable. Our discussion is structured to contextualise the findings of our series in the available evidence. Consensus-based recommendations become important primarily when

evidence-based recommendations cannot be obtained, and we should not confuse the two terms. In our view, structuring our discussion by citing reviews and consensus is a simplification contrary to our publication ethics. The credit and acknowledgement implied by a bibliographic citation should be attributed whenever possible to the original publications.

On the other hand, the indications for joint preservation surgery have never been set in stone, but have changed as short-, medium- and long-term clinical results have been published in different series. This is why the indications or consensus^{3–6} mentioned are subsequent to the time when all the procedures in our study took place. Moreover, series performed during the same period as ours present similar demographic characteristics, but with shorter follow-ups.^{3,7}

One of the virtues of our centre is the large volume of spinal surgery that we perform, which leads to something that is perhaps not very common in our environment, that a patient is operated on for both pathologies by the same department. Lumbar pathology is a common differential diagnosis in the management of a patient with coxalgia,⁸ which is why we carried out this comparison in our series. However, it is evident that the small sample size of the study, added to its retrospective nature, reduces the statistical power of the finding, as we point out in the limitations section.

Finally, this is a retrospective study where we analysed the functional outcome of our patients, observing some factors that could influence them in the long term. In both the hypothesis and the conclusions, we consider that our series presents acceptable functional results, without major complications. We make no value judgement on the current indications for hip arthroscopy in hip pathology.

We would like to conclude by congratulating the authors for their critical, analytical and reflective mindset. We are confident that they will provide us with a wealth of high-quality scientific output in the future.

Level of evidence

Level of evidence V.

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Conflicts of interest

None of the authors of the manuscript has a financial conflict of interest with this study.

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