Clinical Weekly - 178th Edition

#JournalTuesday - by Abi Peck

Gabapentin in neuropathic pain syndrome: a randomised, double-blind, placebo-controlled trial Download here

1. Did the trial address a clearly focussed issue?
2. Was the assignment of patients to treatments randomised?
3. Were all of the patients who entered the trial properly accounted for at its conclusion?
4. Were patients, health workers and study personnel 'blind' to treatment?
5. Were the groups similar at the start of the trial?
6. Aside from the experimental intervention, were the groups treated equally?
7. How large was the treatment effect?
8. How precise was the estimate of the treatment effect?
9. Can the results be applied in your context?
10. Were all the clinically important outcomes considered?
11. Are the benefits worth the harms and costs?

#NewsOfTheWeek - by Liz Wright

1. Talking tendons podcast: Efficacy of PRP injections for tendinopathy

Dr Peter Malliaras critiques a recent systematic review which concluded PRP is more efficacious than control injections for tendinopathy. Platelet-rich plasma= extract a sample of the patients blood, concentrate the platelets and then injected into the tendon. Underlying theory is as tendinosis is associated with changes in different parts of the tendon, it is believed the growth factors that are concentrated in the PRP will promote healing. This can be seen as a simplistic way of thinking....can the PRP injection truly mimic the multiple growth factors in the healing cascade? Secondly there is no evidence to suggest healing actually occurs. The review only looks at one outcome (pain). This is surprising considering most Cochrane reviews look at > 1 outcome, as pain may be very different to what you find with function/QOL etc. The final follow up was also taken between 3- 12 months – very broad , considering short and long term outcomes may be different. In the review 16 RCTs were included; lots of clinical heterogeneity was evident, meaning pooling of results is very difficult. E.g. within the studies, different tendons were examined and different control group injections were used (corticosteroid/saline/local anaesthetic). This creates a huge problem as it is well documented that long term effects of corticosteroids is poor and there is recurrence of symptoms. Hence it is highly likely that if PRP is compared to the corticosteroid group, the PRP group will have better outcomes. Overall the review concluded moderate affect favouring the PRP over any of the other injections. However the lack of sub grouping means that this conclusion is not truly supported, e.g. the affect sizes for different tendons varied (greatest affect size for lateral elbow and very small affect size for rotator cuff/TA/ patella tendon.

http://bit.ly/2FWGMoU - podcast
http://bit.ly/2hlaywn - paper

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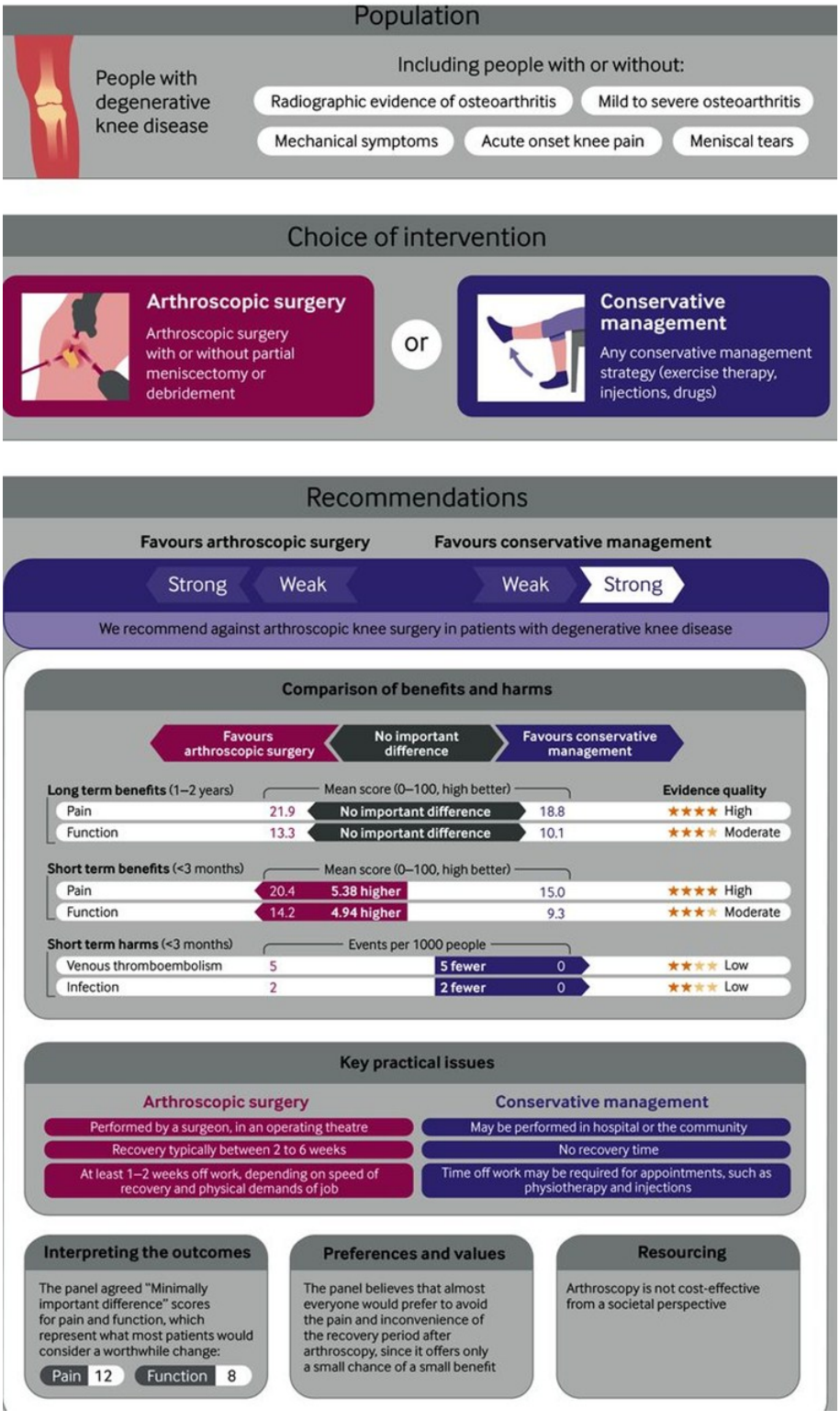
#NewsOfTheWeek - by Liz Wright



2.Arthroscopic surgery for degenerative knee arthritis and meniscal tears: a clinical practice guideline An expert panel produced these recommendations based on a systematic review published in the BMH in 2016, which found that, among patients with a degenerative medial meniscus tear, knee arthroscopy was no better than exercise therapy. The panel make a strong recommendation against arthroscopy for degenerative knee disease. http://bjsm.bmj.com/content/52/5/313

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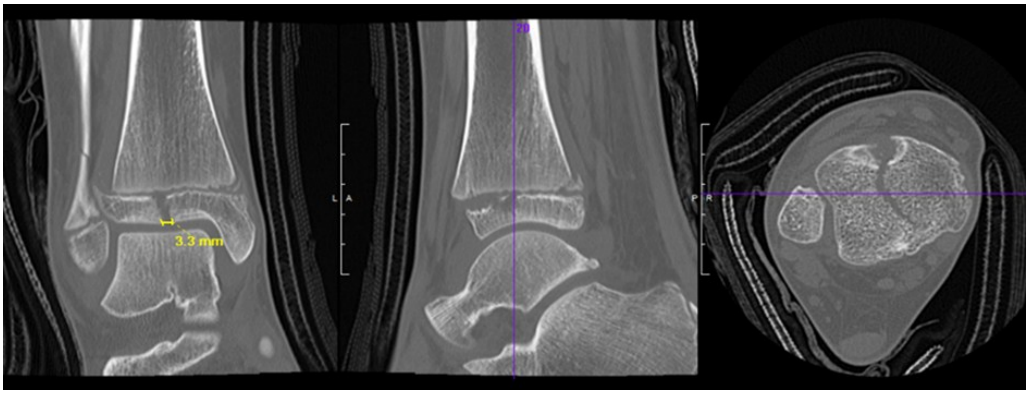
#FractureFriday by Scott Rowbotham

Triplane (Triplanar) fracture

This is a type IV Salter-Harris fracture of the distal tibia only occurring in adolescents. As the physiological closure of the physeal plate begins medially, the lateral physis is prone to this type of fracture due to it being the weak and vulnerable point for fracture.

It is a type IV Salter-Harris fracture comprising of:
-a vertical fracture through the epiphysis
-a horizontal fracture through the physis
-an oblique fracture through the metaphysis



Mechanism
Most are a result of forced external rotation

Imaging
-CT is most appropriate due to x-ray often providing a false negative for small dislocations and vertical fractures
-A CT will identify 1. fracture shape/type, 2. number of fragments and 3 orientation and dislocation of fragments
-MRI is normally used to ascertain any ligament damage or osteochondral fractures.

Treatment
Treatment options comprise open reduction and internal fixation surgery or immobilisation. Following this there will be an intensive period of rehabilitation.

Complications
A rare complication is growth plate arrest leading to angular deformity

https://radiopaedia.org/articles/triplane-fracture
https://upload.orthobullets.com/topic/4029/images/ctscan.jpg