EDITORIAL

Is tennis elbow the same type of tendinosis as achilles and patellar tendinosis?

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During the last 2–3 years, the etiology of tendinosis has changed dramatically, thanks to new research by professor Ronny Lorentzon and professor Hakan Alfredson in Umea, Sweden. They used micro-dialysis of the Achilles tendon and found that there was no increase of prostaglandins in tendinosis tendons in comparison with normal tendons. They also found that there was an increase of glutamate in the tendinosis tendons and have later shown that this can be found at nerve endings close to small vessels in the tendinosis tendons. Based on the findings of sensory nerves (SP, CGRP) in close relation to blood vessels and Colour–Doppler ultrasound investigations showing high blood flow in multiple vessels on the ventral side of the tendon, Alfredson proposed the use of Polidocanol to sclerose the area with vessels and nerves in the treatment of chronic achilles tendinosis. He has beautifully shown that this treatment is very effective. It also seems to work in patellar tendinosis. He treated Finland's leading downhill skier with one polidocanol injection for chronic patellar tendinosis. This guy had had symptoms for a long time and became completely symptom free and won a world cup competition in slalom a couple of weeks later. Now Zeisig, Alfredson and Öhberg have found that tennis elbow seems to have the same increase of vessels as Achilles tendinosis. They have earlier shown that the tennis elbows do not have an increase of prostaglandins and now they show that they seem to react like the Achilles tendinosis cases and improve after polidocanol sclerosing.

KSSTA is grateful that Alfredson and colleagues have elected to publish some of their extremely interesting research papers in our journal. For a Chief-Editor there are few happier moments than when you are able to publish papers that dramatically change our opinion about common treatments.

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