



Comment on the article by Kandil et al.: allogeneic platelet-derived growth factors local injection in treatment of tennis elbow: a prospective randomized controlled study

Jia-xin Zhou¹ · Hua-jun Shen¹

Received: 24 March 2022 / Accepted: 28 March 2022 / Published online: 2 April 2022
© The Author(s) under exclusive licence to SICOT aisbl 2022

Dear Editor,

It was with great interest that we read the paper by Kandil et al. [1] titled “Allogeneic platelet-derived growth factors local injection in treatment of tennis elbow: a prospective randomized controlled study” published online ahead of print, 2022 Jan 12, of *International Orthopaedics*. The authors found that local injection of allogeneic platelet-derived growth factors is a promising and safe option for treating tennis elbow with significant pain relief, functional improvement, and patient satisfaction. It is a valuable study. We would like to congratulate their laudable efforts in performing this meticulous study. However, there are some issues that we would like to communicate with the authors.

1. Tennis elbow is a self-limiting disease; 70–80% of patients may resolve spontaneously within one year [2]. Therefore, a subset of patients with tennis elbow may experience self-healing, which may affect efficacy evaluation and comparison between the two groups. The time between onset and first visit of patients, personally, can be increased based on the comparison of baseline characteristics between the two groups, reducing the impact of the self-healing rate on the outcome.
2. The authors adopted appropriate statistical analysis methods to analyze the data. But in our opinion, it is dif-

icult to define the follow-up time. For example, patients with poor treatment outcomes in the control group are likely to turn to other treatments during the follow-up period. Therefore, we wonder whether the authors, during the follow-up, encountered such a situation. And it needs to be stated in the article.

3. This study innovatively applied lyophilized human platelet growth factors (L-GF) to the conservative treatment of tennis elbow, providing a new idea for clinical treatment. The authors mentioned that, in the technique of injection, injection was done with single skin entry and multiple pricks in the tendon of extensor carpi radialis brevis would be helpful in curative effect to a certain extent.
4. In the discussion part, the author compares the advantages and disadvantages of PRP and L-GF in terms of efficacy, preparation method, safety, and other aspects by analyzing the current relevant literature reports, and the results are convincing.
5. The occupation of the patients was not distinguished in this study, which will not only affect the distinction of the degree of injury of the patients, but also have different needs for functional recovery in the later stages of different occupations, which will have a certain impact on the satisfaction of the patients [3].

In conclusion, we would like to voice our cordial thanks to Kandil et al. [1] as a result of their hard work, once again. To reach a definitive conclusion, additional studies with larger sample sizes are needed to emphasize these conclusions.

This comment refers to the article available online at <https://doi.org/10.1007/s00264-022-05300-9>.

✉ Jia-xin Zhou
zjx15167022468@163.com

Hua-jun Shen
448322924@qq.com

¹ Shaoxing City Keqiao District Traditional Chinese Medicine Hospital Medical Alliance General Hospital, Shaoxing 312030, China

Author contribution Not applicable.

Availability of data and materials Not applicable.

Declarations

Competing interests The authors declare no competing interests.

Ethical approval Not applicable.

Consent to participate Not applicable.

Consent to publish Agree to publish.

References

1. Kandil MI, Ahmed AA, Eldesouky RS, Eltregy S (2022) Allogeneic platelet-derived growth factors local injection in

treatment of tennis elbow: a prospective randomized controlled study. *Int Orthop* 46(3):581–588. <https://doi.org/10.1007/s00264-022-05300-9>

2. Tonks JH, Pai SK, Murali SR (2007) Steroid injection therapy is the best conservative treatment for lateral epicondylitis: a prospective randomized controlled trial. *Int J Clin Pract* 61:240–246. <https://doi.org/10.1111/j.1742-1241.2006.01140.x>
3. Walker-Bone K, Palmer KT, Reading IC, Coggon D, Cooper C (2012) Occupation and epicondylitis: a population-based study. *Rheumatology (Oxford)* 51(2):305–310. <https://doi.org/10.1093/rheumatology/ker228>

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.