

PLATELET-RICH PLASMA INJECTION VS SHAM INJECTION AND TENDON DYSFUNCTION IN PATIENTS WITH CHRONIC MIDPORTION ACHILLES TENDINOPATHY

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To the Editor The recent study¹ about injection of platelet-rich plasma (PRP) and tendon dysfunction in patients with chronic midportion Achilles tendinopathy confirmed findings of a recent meta-analysis.² However, we believe that this article¹ did not confirm or invalidate the effectiveness of PRP, which remains controversial. In addition to the lack of information about the exact composition of PRP used, the use of local anesthesia with lidocaine that may alter PRP effects,³ and failure to perform ultrasound-guided injection of PRP, this study would have benefited from a precise description of tendinopathy subtypes (ie, nodular, fissuration, calcification, or neovascularization) in addition to knowledge about different medical and rehabilitation treatments undertaken by these patients. Also, therapies that may alter tendon metabolism, such as previous corticosteroid injections or fluoroquinolones, should have been reported.

In addition, the study participants may not have been representative of typical patients undergoing this treatment because they had a mean age of 52 years, had a mean body mass index greater than 30 (calculated as weight in kilograms divided by height in meters squared), had long-term symptoms (24 months), and may have undergone a variety of previous treatments. Indeed, tendinopathies should be first managed with a comprehensive framework for at least 3 months, including education about the condition, load monitoring, and specific exercises aimed at restoration of tendon function, based on knowledge of the different phases of tendon healing.⁴ This program should also be performed after PRP injection, including standardized submaximal eccentric based rehabilitation programs, as described for patellar tendinopathy after PRP injections.⁵

To conclude, we believe there is an urgent need for randomized clinical trials in this field that include precise lesion description, PRP characterization, ultrasound-guided injection, and an adapted concomitant rehabilitation program.

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Conflict of Interest Disclosures

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