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### ***Findings Similar to Those of Previous Study***

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I read with great interest the article by Grassi et al. It gives confirmatory evidence to a systematic review with a very similar title that was published 4 years ago. (1)

At that time, we did not undertake a formal meta-analysis, given the paucity of randomised controlled trials. Nevertheless, we identified a total of 12 studies. Six studies were retrospective, 5 were randomized controlled trials, and 1 was a prospective investigation. Of a total of 781 patients, 375 underwent open repair, and 406 underwent percutaneous surgery.

As in the present Grassi et al study, we concluded that minimally invasive and open surgery to manage acute tears of the Achilles tendon are grossly equivalent. However, we found that iatrogenic neurological complications were more frequent after percutaneous repair. Novel percutaneous repairs minimize the risk of sural nerve injury.

### **References**

1. Del Buono A, Volpin A, Maffulli N. Minimally invasive versus open surgery for acute Achilles tendon rupture: a systematic review. *Br Med Bull.* 2014;109:45-54.

Conflict of Interest: None Declared

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### **Article Author Response**

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*Article Author(s) to Letter Writer(s)*

We thank Prof. Maffulli for commenting on our article. In fact, several previous systematic reviews and meta-analyses have tried to compare the outcomes and complications of minimally invasive and open repair of Achilles tendon ruptures, including the paper by Del Buono et al., of which Prof. Maffulli is the

senior author.

Although the results of previous works are consistent with what was reported in the present meta-analysis, by including only randomized controlled trials (RCTs) in our meta-analysis, we tried to increase the level of evidence and thus strengthen the findings.

Furthermore, we agree that novel percutaneous systems could minimize the risk of iatrogenic sural nerve injury, and we hope that future RCTs will confirm this trend.