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Is pain a determining factor in choosing between open or arthroscopic excision?

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Dear Editors,

It was with great interest that we read the experience of the authors regarding open excision of dorsal wrist ganglion (1). The authors underline the key points of this technique, notably the reduction of pain by resection of the posterior interosseous nerve (PIN) and the identification of the stalk of the cyst. Although there was no significant difference in ganglion recurrence between open and arthroscopic excisions (2), the authors point out that open excision seems to be more effective on pain. Their assumption is that the resection of the PIN may potentially be the cause. However, we would like to point out that a non-negligible part of cysts is not painful, patients coming mainly for an aesthetic complaints or a decrease of range of motion. We would like to emphasize the need to distinguish between painful and non-painful cysts. It has been shown in one study that arthroscopic resection associated with dorsal capsulodesis for painful cysts had significantly ($p=0,035$) less risk of recurrence than isolated arthroscopic resection of a non-painful cyst (3). About 10% of the painful cysts had a definite lesion of scapholunate instability and half of them had global inflammation of the dorsal scapholunate capsuloligamentous complex. Although there are no articles proving the relationship between scapholunate instability and wrist cysts, we believe that an arthroscopic analysis of scapholunate stability is an important element to consider, especially if the cyst is painful.

Unfortunately, open excision cannot allow this analysis and, as the authors point out, this technique is at risk of causing scapholunate instability, potentially pre-existing at a predynamic stage. Furthermore, is excision of the PIN justified in the presence of a non-painful cyst ? Hagert E. and Persson JK. emphasize the importance of this structure in proprioception of the wrist through the scapholunate ligament and suggest that excision of this nerve should not be performed during surgical procedures of the wrist (4). We do not believe that there is any superiority between open excision and arthroscopic excision. We would like to add some distinction between the management of painful cysts (where arthroscopic exploration allows checking the dorsal scapholunate complex) and painless cysts and thus to indicate to the readers that an evaluation of the scapholunate stability is important in particular in the painful cysts.

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Conflict of Interest: None Declared