



# Letter to the Editor Regarding “Clinical and Sonographic Evaluation of the Effectiveness of Extracorporeal Shock Wave Therapy in Patients with Lateral Epicondylitis”

*Editöre Mektup “Lateral Epikondilitli Hastalarda Ekstrakorporeal Şok Dalga Tedavisinin Etkinliğinin Klinik ve Sonografik Olarak Değerlendirilmesi” Hakkında*

Yuhan GONG, Xinjie WANG

Jining Medical University, Department of Clinic Medicine, Jining, China

**Keywords:** Lateral epicondylitis, extracorporeal shock wave therapy (ESWT), sonographic assessment

**Anahtar kelimeler:** Lateral epikondilit, ekstrakorporeal şok dalga tedavisi (ESWT), sonografik değerlendirme

Dear Editor,

We read with great interest the paper by Murat et al.<sup>1</sup> entitled “Clinical and Sonographic Evaluation of the Effectiveness of Extracorporeal Shock Wave Therapy in Patients with Lateral Epicondylitis”. They conducted a clinical trial designed to evaluate and compare the clinical and sonographic outcomes between extracorporeal shock wave therapy (ESWT) and lateral epicondylitis (LE). The study demonstrated that ESWT is a promising treatment modality for LE, with benefits in terms of improved grip strength and pain relief. We thank the authors for their valuable contribution in evaluating the effectiveness of ESWT for the treatment of LE. However, after extensive discussions with our professional peer group, we have identified several salient and pertinent questions that we hope you will address:

1. In this study, the visual analog scale was used to assess the level of pain without providing the reader

with the position that the patient was in at the time of pain assessment, e.g., forearm pronation, natural droop, or wrist extension. Epicondylitis is an attachment point disorder related to the origin of the short extensor carpi radialis brevis muscle, which triggers or exacerbates pain when the forearm extensor muscles are tight or pulled<sup>2</sup>. Given this situation, we are concerned that inconsistencies in patient status during pain assessment may have confounded the primary outcome assessment in this study. Therefore, I was eager to obtain specific clarification from the authors regarding this issue because it has the potential to significantly impact the measurement of pain outcomes.

2. Correct diagnostic terminology is important for appropriate treatment. There is a plethora of terms used to describe LE, including tennis elbow, epicondylalgia, tendinitis, tendon degeneration, and tendinopathy. These terms often have the prefix extensor or lateral elbow,

**Address for Correspondence:** X. Wang, Jining Medical University, Department of Clinic Medicine, Jining, China

**E-mail:** wxj17854254607@163.com **ORCID ID:** orcid.org/0000-0002-9328-0114

**Received:** 01 July 2024

**Accepted:** 07 July 2024

**Online First:** 08 August 2024

**Cite as:** Gong Y, Wang X. Letter to the Editor Regarding “Clinical and Sonographic Evaluation of the Effectiveness of Extracorporeal Shock Wave Therapy in Patients with Lateral Epicondylitis”. Medeni Med J. 2024;39:235-236



which refer to inappropriate etiological, anatomical, and pathophysiological terms. Therefore, in clinical practice, "lateral elbow tendinopathy" seems to be the most appropriate diagnostic term for the condition commonly referred to as LE<sup>3</sup>.

3. Regarding the basic characteristics of the subjects, the results showed no statistically significant difference between the two groups in terms of age, gender, side, and pain pressure threshold. However, some important baseline information related to LE risk factors was not considered, such as occupation, lifestyle habits, smoking history, and dominant and affected sides, which may affect the accuracy and applicability of the findings<sup>4</sup>. Therefore, multidimensional baseline information is necessary to ensure the accuracy of the results, and we suggest that the authors discuss this in depth in subsequent studies, which could contribute to a more nuanced and nuanced interpretation of the data, promote safer clinical application, and avoid potential misuse of the study findings.

In conclusion, we would again like to sincerely thank Murat et al.<sup>1</sup> for this important study. We hope that these insights will further provide additional information to the field of ESWT for the treatment of LE, help researchers improve the design of subsequent studies, improve the interpretation of the results of the article, and inspire future research.

**Keywords:** Lateral epicondylitis, extracorporeal shock wave therapy (ESWT), sonographic assessment

**Anahtar kelimeler:** Lateral epikondilit, ekstrakorporeal sok dalga tedavisi (ESWT), sonografik değerlendirme

## Ethics

## Author Contributions

Concept: X.W., Writing: Y.G., X.W.

**Conflict of Interest:** The authors have no conflict of interest to declare.

**Financial Disclosure:** The authors declared that this study has received no financial support.

## REFERENCES

1. Murat S, Dogruoz Karatekin B, Zengin M. Clinical and Sonographic Evaluation of the Effectiveness of Extracorporeal Shock Wave Therapy in Patients with Lateral Epicondylitis. *Medeni Med J.* 2024;39:109-116.
2. Ahmad Z, Siddiqui N, Malik SS, Abdus-Samee M, Tytherleigh-Strong C, Rushton N. Lateral epicondylitis: a review of pathology and management. *Bone Joint J.* 2013;95-B:1158-64.
3. Stasinopoulos D, Johnson MI. 'Lateral elbow tendinopathy' is the most appropriate diagnostic term for the condition commonly referred-to as lateral epicondylitis. *Med Hypotheses.* 2006;67:1400-2.
4. Sayampanathan AA, Basha M, Mitra AK. Risk factors of lateral epicondylitis: A meta-analysis. *Surgeon.* 2020;18:122-8.