Dear Editor,

We greatly appreciate the interest and comments of Dr Saxena and Dr Maffulli on our article entitled “Ethibond suture granuloma formation following repair of acute Achilles tendon ruptures”. All the 672 patients included in our study had acute Achilles tendon rupture treated by open surgical repair using non-absorbable braided polyester sutures (Ethibond). Eleven (1.6%) patients developed suture granuloma after a mean of 6 months from the surgery.

Saxena et al. reported a 2.7% incidence of suture granuloma that was manifest >6 months following Achilles tendon surgeries. However, the included patients in their study had mixed diagnoses and procedures, with only 26 out of 219 patients underwent surgery for repair of an acute rupture. The authors did not do a statistical analysis for suture granuloma incidence based on the diagnosis and procedure.

Given the discrepancy between the included populations in both studies, we believe that the lower rate of granuloma formation in our study cannot be compared with the higher rate in their study. Most probably, the higher incidence of suture granuloma in their study may be related to the high number of patients with chronic degenerative conditions, such as, calcific tendinopathy. Yet, we agree that the findings in their study add value and significance to our study.

We sincerely thank Dr Saxena and Dr Maffulli for their valuable comments and appreciate the editor’s consideration.

References

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Source of support: Nil
Conflict of interest: None