Author's response to reviews

Title: The fabella syndrome - a rare cause of posterolateral knee pain. A review of the literature and two case reports.

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Author's response to reviews: see over
Dear editor,
Dear reviewers,
Dear Madame or Sir –

Thank you very much for giving me the opportunity to correct the manuscript.

We did follow the suggestions made by the reviewers. I especially would like to emphasise that we did make the changes in references as well citing the references the reviewers suggested. The changes made suggested by the reviewers are marked yellow for easy comparison with the previous version.

We did compare the existing manuscript with other case reports published on BMC. In contrast to further case reports this manuscript includes a review and summary of literature and therefore the contend is more extensive and contains more partitions than a usual.

Furthermore we did rewrite much of the manuscript that was also suggested by reviewer 1. Changes marked are to be followed with the MS word editing and correction tool.

The reason why we chose the PubMed Database for literature research, is that PubMed is the most frequently used and the most „valuable“ database according to contents of scientific literature.

As little is published about the fabella syndrome and other issues such as the occurrence of the fabella and the effect & results of both the physiotherapeutic and surgical treatment still remain inexplicit, Pub Med search did not provide an analysis summing up current knowledge of the fabella syndrome. Thus performing a meta-analysis would require sufficient reviews and studies addressing the topic and analysing it.

Due to the circumstance that case reports are always limited in their scientific conclusion our primary intention was to report two more cases presenting with posterolateral knee pain without nerve palsy in which resection of the fabella alleviated the symptoms. As well the topic of unnecessary surgery determined by rare knowledge about the fabella symptom and its treatment should be addressed.

We reported two patients who underwent (possibly unnecessary) arthroscopical surgery for the same symptoms before surgical excision of the fabella. The pain wasn’t alleviated thus from a patients perspective surgery wasn’t successful because of either misinterpretation of the symptoms described or lack of knowledge about the fabella symptom and its therapy. Therefore we recapitulated differential diagnoses
presenting with pain in the posterolateral aspect of the knee such as lateral meniscus tears, Baker’s cyst, foreign bodies, localized pigmented villonodular synovitis and osteochondral fragments.

In summary we can declare that the treatment for pain and palsy caused by a fabella can be conservative treatment as well as surgical excision. Both treatments are reported to reduce symptoms and most certainly sports can be performed again at a high level after surgery.

Thank you very much for your effort.

Kind regards

Arne Driessen