

Editor Note on Osteology and Classification

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Editor Note

Journal of Bone Reports & Recommendations Volume 2, Issue 1, published 7 research and review articles commentary and case reports.

Srinath Kamineni et al. investigated about Epidermoid cysts which are relatively common entities, but we present a large cyst which occurred almost directly over the olecranon, a previously unreported location. Investigation shows that the 31 year old male patient had a history of previous epidermoid cysts in the head/neck and after en block excision there has been no recurrence at 4 years. [1].

Leonid Solomin et al. explained classification which is useful only if it considers the severity of the bone lesion and serves as a basis for treatment and for evaluation of the results. Very useful and practical Muller-AO of long-bone fractures classification was developed on this principle. Unfortunately, the developed in Ilizarov Kurgan Center classification are intended only for use of the Ilizarov method and the other group of classifications designed to determine the optimal option of revision arthroplasty [2].

Megan Murphy-Menezes discussed about the impact of Osteoporosis where the effect of osteoporosis to patients and the social insurance framework is critical with assessments that half of Caucasian ladies and 20% of men will encounter an osteoporotic break in their lifetime. Be that as it may, notwithstanding numerous invitations to take action from social insurance advocates, osteoporosis remains underdiagnosed and undertreated [3].

Rahul Tyagi concluded that spinal pain in children demands a careful and thorough examination of signs and symptoms. However, pre-pubertal children are likely to experience more critical underlying pathology. On the other hand, adolescents are more susceptible to have non-specific low back pain without demonstrable pathological causes. Imaging and laboratory investigations should be aimed at the severe signs and symptoms. Also, imaging plays a major role in diagnosing underlying conditions and is invaluable in exclusion of underlying pathology in a few cases. The chosen diagnostic imaging should be discussed with a specialist who has the required knowledge in pediatric musculoskeletal disease. For most conditions, surgery is occasionally considered after the rigorous trial of traditional management [4].

References

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3. Murphy-Menezes M. The Osteoporosis Clinical Care Gap: An Opportunity for Impact by the Clinical Pharmacist. Bone Rep Recommendations (17).
4. Tyagi R. Painful Spinal Conditions in Young Children and Adolescents. Bone Rep Recommendations (18).