

## Editorial

When, on beginning to draw up the contents of this issue of *Joints*, which is largely devoted to patellofemoral joint, I visited the PubMed website and tried exploding several MeSH (Medical Subject Headings) terms relevant to the topic, to my great surprise I found only a very small number of publications. In detail: 2226 for “patella or patellar dislocation”, 642 for “patellofemoral instability”, and 461 for “MPFL” (medial patellofemoral ligament). Then, on attempting to explode the general term “patellofemoral”, I found only 3567 publications. This is a ridiculously small number, especially in view of the 92730 publications on “cartilage”, or the 12978 on “anterior cruciate ligament”; even the term “posterior cruciate ligament” calls up more publications (3597) than patellofemoral joint. What is more, if we also consider that a considerable proportion of the publications on the patellofemoral joint actually refer to studies on knee replacement surgery, then the overall number of published studies dealing specifically with patellofemoral disorders drops to under 2500. What is the reason for this?

Recently I happened to be reviewing an article, for another journal, about the long-term results of treatment of patellar chondral damage secondary to recurrent instability of the patellofemoral joint. The authors, who are well-known and highly esteemed knee surgeons, justified their failure to use the TT-TG distance as a preoperative assessment criterion, pointing out that the cases reviewed at follow-up had been operated on before the publication of the method, and in this regard they went on to cite a 2006 study (1). The authors of this latter study, in the introduction, actually referred to the first description (in 1986 by a certain Bland) of the method for measuring the TT-TG distance. But in fact, the article in question is a classical work of statistics that presents a new method for calculating the agreement between two methods of clinical measurement (the Bland-Altman method, to be precise) (2). How can we explain all this?

In 2005, Ronald P. Grelsamer, a world-leading expert in patellofemoral disorders and surgery, published a review article in *Clinical Orthopaedics and Related Research* entitled “Patellar nomenclature: the Tower of Babel revisited” in which he remarked that “the study of the patellofemoral joint is complicated by the use of expressions that hold many different meanings” (3). Four years later, the same author, in an editorial published in *The Knee*, remarked that “the patellofemoral syndrome remains the Loch Ness monster of the knee” (4). Finally, of course, there is Teitge’s aphorism: “patellofemoral syndrome is not a diagnosis but rather an admission of ignorance” (5). Again, how can we explain all this?

The primary objective of any kind of journalistic work is to provide information. However, there are different types of journalism. In the news or in political journalism, the information strategies adopted are based mainly on a systemic approach, wherein the information is the end and not the means; this kind of journalism seeks to describe the characteristics of a phenomenon and to investigate its causes. This is not true of scientific journalism, whose objectives are accomplished, rather, through a programmatic approach, whose aim is to shape, through information, the reader’s education and training.

For this reason, it does not fall to me to provide answers to the above questions, but rather to thank Massimo Berruto, Stefano Zaffagnini, Alberto Momoli, Claudio Mazzola, and all their colleagues, who, with their articles have contributed to the pursuit of the kind of objective that a journal like *Joints* should be pursuing, and have helped to shed light on a particularly “unknown and unforgiving” condition.

### REFERENCES

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