

LETTER TO THE EDITOR

Comment on “The role of experience level in radiographic evaluation of femoroacetabular impingement and acetabular dysplasia”

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I read with interest the article, and the authors make interesting points on the relative merits of the more objective measurements made on plain radiographs [1]. Subjective assessments have lower agreement among observers, but I wondered if this was relevant as a clinical tool in daily practice.

The more simple measurements may play an important role in alerting a generalist to an underlying diagnosis. The more seasoned eye may wish to obtain further imaging early on and certainly if planning for surgery. While the radiographs may identify morphological abnormalities, this do not automatically provide an explanation for symptoms. Femoroacetabular impingement and dysplasia do have overlapping symptoms, but it is the consequences of the morphological variation rather than the radiographic signs that lead to patients presenting. This is apparent in two articles quoted in this study [2, 3].

Three out of the four observers in the study might be described as having a specialist interest in the anatomy of the hip and may be more inclined to support their diagnosis with magnetic resonance or

computed tomography imaging. This seems as a more thorough assessment than the subjective measurements with low inter-observer agreement.

Therefore, I wonder if the authors would agree that interpretation of radiographs is more important at the level of the generalist radiologist or orthopaedic surgeon, and had they considered expanding their study to include generalists to assess this?

REFERENCES

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