

Author's Reply

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Dear Editor,

We sincerely thank the authors for their thoughtful and constructive comments regarding our study. We appreciate their careful evaluation and valuable insights.

Regarding tourniquet use, we agree that intraoperative decision-making may be influenced by multiple factors, including perceived case complexity and surgeon preference. In our cohort, tourniquet application was primarily based on routine institutional practice rather than case-specific difficulty. Importantly, baseline cyst size and MRI-derived volumetric parameters did not significantly differ between the tourniquet and non-tourniquet groups, suggesting that tourniquet use was unlikely to simply reflect easier cases. Nevertheless, as correctly emphasized, residual confounding cannot be entirely excluded in a retrospective design. We acknowledge this as a limitation and agree that future prospective or propensity-adjusted analyses would provide stronger causal inference.

With respect to surgical experience, we defined experience as years in orthopedic practice due to the retrospective nature of our data and the absence of reliable procedure-specific volume records for earlier years. While

procedural volume may indeed offer a more granular assessment, years of surgical practice have been widely used in outcome-based orthopedic research as a pragmatic surrogate measure. We agree that future studies incorporating case volume and learning curve analyses would further clarify this relationship.

Concerning anatomical heterogeneity, we excluded volar and multiple cysts to reduce variability. However, we acknowledge that dorsal cyst proximity to critical structures may influence technical difficulty and recurrence risk. Although detailed anatomical subclassification was not systematically recorded, preoperative MRI measurements were incorporated to minimize size-related confounding. We agree that future imaging-based anatomical stratification may enhance understanding of recurrence mechanisms.

We appreciate the authors' recognition of our methodological approach and their suggestions for future research directions. We believe that continued prospective investigation will help further elucidate the multifactorial determinants of recurrence following open wrist ganglion excision.