



Letter to the Editor

Comment on 'Risk Factors Influencing Recurrence Rates Following Open Excision of Wrist Ganglion Cysts: A Retrospective Cohort Study'

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Dear Editor,

We read with great interest the retrospective cohort study by Acar et al.,^[1] which examines factors influencing recurrence after open excision of dorsal wrist ganglion cysts using data spanning over a decade. The authors' use of multivariate logistic regression to identify independent predictors of recurrence, alongside their incorporation of Magnetic Resonance Imaging-derived volumetric analysis and surgeon experience as quantitative variables, represents a methodologically rigorous approach that advances the literature on surgical outcomes in hand pathology. However, certain methodological and clinical considerations merit further critical reflection.

The study's reliance on tourniquet use as a binary intraoperative variable, while statistically significant, raises interpretive concerns. Intraoperative decision-making regarding tourniquet application is often multifactorial and may correlate with surgical confidence, patient comorbidity, or case complexity.^[2] Without detailed stratification of these modifiers, tourniquet use may serve more as a proxy for

other latent variables than as a direct determinant of recurrence. The reported odds ratio suggests a protective effect, yet causality remains difficult to establish in the absence of randomization or propensity adjustment. Clarifying whether tourniquet omission was more common in technically challenging or high-risk cases could meaningfully refine clinical interpretation.

The operationalization of surgical experience as a continuous variable defined by years of orthopedic practice, though intuitive, warrants caution in the context of subspecialty variation. In high-volume centers, cumulative exposure to wrist ganglion procedures may not align linearly with years since board certification.^[3] Additionally, newer surgeons may be more likely to follow standardized dissection protocols or seek intraoperative supervision, which could paradoxically reduce variability in technique.^[4] Incorporating procedural volume or training era as covariates might yield a more granular understanding of experience-related outcomes.

A further complexity arises from the anatomical hetero-

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geneity of dorsal ganglion cysts. Although the authors excluded volar and multiple cysts, the study does not clarify whether recurrent cases were more likely to involve cysts abutting critical structures such as the radial artery or extensor retinaculum. These anatomical subtypes may predispose to incomplete stalk excision or restricted visualization regardless of surgeon experience or tourniquet use.^[5] Imaging-based classification of cyst proximity to key structures may help disentangle recurrence attributable to technical factors from that linked to anatomical variation.

We commend the authors for their clear statistical methodology and the inclusion of correlation coefficients and confidence intervals to support clinical interpretation. The integration of Magnetic Resonance Imaging measurements enhances the objectivity of cyst assessment and facilitates reproducibility. Future prospective studies incorporating intraoperative video analysis or procedure-specific learning curves may further illuminate the interplay between surgical technique, case complexity, and recurrence risk in wrist ganglion management.

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