Dear Editor,

I have read with interest the article by Passiatore et al. “The Use of Alfa-Lipoic Acid-R (ALA-R) in Patients with Mild-Moderate Carpal Tunnel Syndrome: A Randomised Controlled Open Label Prospective Study”, published in the last issue of Malaysian Orthopaedic Journal1.

Due to the COVID-19 pandemic, as an hand surgeon, I have to deal with a lockdown of both elective surgery and outpatient.

Due to legal restriction, in many countries taking charge of elective patients is prohibited or strictly limited, with the fear that many patients feel if requested to come to hospitals, and to the necessity to avoid, as much as possible, non-essential displacements due to the COVID-19 pandemic2.

I have recently reassessed conservative strategies to control or treat musculoskeletal diseases at home, or even just to manage the related-to pain. The above mentioned article focuses on the management of pathologies like carpal tunnel syndrome1. According to my personal experience, ALA-R appears as a very useful tool for management of nervous compression related pain and peripheral neuralgia. Nevertheless, there are many others medications that could be useful in handling typical hand surgery elective pathologies, when surgery has to be delayed or is contra-indicated for patient-related reasons3,4. What should be taken into account, is that different molecules are effective on different aspects of pain and disability. As an example, the Ultra Micronized Palmitoylethanolamide was found to improve the sleep-awake rhythm in these patients, thus giving the way to an improvement in pain perception and overall health conditions5. Other molecules are Group B vitamines and N-Acetyl Carnitine seem to be effectives on neuropathic pain , while Symptomatic slow-acting drugs for osteoarthritis (SYSADOAs), such as glucosamine and chondroitin sulfate, act on nociceptive pain, that is especially related to osteoarthritis6.

As a conclusion, the conservative management for elective surgical pathologies, could find an important place when surgery is not possible or has to be delayed, and can count, nowadays, on a wide range of medications. To get the best result, what appears crucial, is the choice of the good molecule, as not all the pain lays on the same biological base (i.e. nociceptive vs neuropathic) and making the patient aware of the choice and of the expected outcomes, in order to improve his/her compliance to the treatment, what can lead to a better result.

Cilli V
Hand Surgery, Chirec Site Delta, Brussels, Belgium

REFERENCES


