



Editorial

RBO with no consensus



RBO sem consenso

Having a single conduct for the treatment of pathologies in our area has always been a dream of some authors and heads of service, which has fortunately never been reached.

We have some examples of conduct for the treatment of certain pathologies, which due to the clarity of exposition and reliability of the authors, persisted for years and delayed the development of their study.

The shoulder pathology was restricted to peri-arthritis and treatment by infiltrations for years until Neer, in 1982, developed the impact theory and explained the mechanical-degenerative joint process; the genius of prof. Henry Dejour delayed for decades the development of the patellofemoral disease study, disregarding in his remarkable *a la carte menu* for the treatment of patellofemoral instability, the medial patellofemoral ligament. Hundreds of orthopedists delighted with the clarity of the French master's ideas treated the instability of the patellofemoral joint without considering the joint ligaments.

The treatment of a tibial fracture is a conservative one, except when there is fibular integrity, as declared by Sarmiento; we cannot even comment on this statement today.

There was a period when evidence-based Medicine became very popular, which gave great impetus to meta-analyses to the point of making them level 1 for scientific publications.

This means that a double-blind randomized study with adequate follow-up, carried out by a group of surgeons and clinicians involved with patients and responsible for the assessed therapeutic option and who analyzed the result of this option, has the same value as a study carried out by bureaucrats in a room, who selected and analyzed published studies on a subject with which they had no involvement. These studies produce such evidence, on which our conducts should be based.

Once again, fortunately time and practice have shown that Medicine should be based on experience.

A new attempt to simplify the complex therapeutic activity now appears in the so-called consensuses that some institutions have suggested. We have some current examples:

- Moseley JB published in 2002 a study at the prestigious New England Journal of Medicine, in which he performed arthroscopies in some patients and pretended to perform them in others, who were patients with osteoarthritis of the knee, and declared that performing or not arthroscopic treatment in the knee with arthrosis yielded the same result.

Few areas in orthopedics have so many variables as arthrosis; such a statement is absurd and unfounded, but delighted the world of limited individuals and took several colleagues to the courts due to suits based on that work.

- To treat or not to treat surgically a fracture of the calcaneus leads to the same results. This is a statement published in the British Medical Journal and suggests that one of the major advances in the treatment of severe calcaneal fractures be discontinued.
- Vertebroplasty is strongly contraindicated. This is one of the consensuses of the American Academy of Orthopaedic Surgeons (AAOS) for the treatment of osteoporotic spinal fractures.

Recent studies have shown that this concept is wrong, as well as those suggested consensuses. I imagine that there are several others and that several "heads" define definitive dogmas about several conducts.

Our knowledge is built in steps. For this reason we insist on publishing, in addition to full papers, case reports and technical notes, as they may stimulate research and exchange of experiences that will construct this difficult building of medical knowledge in the therapeutic area.

The exclusive selection of complete and original works limits the progress of new ideas and new therapeutic approaches.

The discovery of vaccination was made due to the observation of an English doctor. He observed that dairy workers that had *vaccinia*, the bovine form of smallpox, did not develop smallpox.

The discovery of penicillin, which changed the history of Medicine, was made by Alexander Fleming. He observed that cultures infected with *Penicillium*, a genus of fungi that creates bread mold did not allow the growth of bacteria in that culture medium.

These were observations that would not fit the strict publication standards imposed by some scientific journals, not to mention the fee they charge us to publish. Surely these two important communications would not be published in these journals.

Although several editors have suggested the end of the publication of case reports and technical notes in the journals, RBO

will continue to be a journal without a consensus, publishing everything that is reliable, without previous restrictions.

Gilberto Luis Camanho

Revista Brasileira de Ortopedia, Brazil

E-mail: gilbertocamanho@uol.com.br

2255-4971/© 2016 Published by Elsevier Editora Ltda. on behalf of Sociedade Brasileira de Ortopedia e Traumatologia. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).
<http://dx.doi.org/10.1016/j.rboe.2016.08.004>