

When medicine is evaluated without reference to patients and pathophysiological facts

Dear editors,

Thank you for the recent publication of a review article entitled “Neuralgia-inducing cavitation osteonecrosis – A systematic review” by Sekundo et al. (Accepted 15. April 2021; <https://doi.org/10.1111/odi.13886>). While it is interesting to note that none of the authors have done original research on this topic and thus argue without documented published own experience it is still credible that they deal with this controversially discussed diagnosis. Indeed the review acts on the assumption that a specific diagnosis exists based on a certain pathomorphology described as “fatty necrotic tissue.” This is an important first step for high-quality research and exceeds the more emotionally motivated rejection of single statements against this topic.

A problem of this review however is that it does mention but not consider the development of this pathologic entity over time and therefore mixes all results from 1979 up to now. While a “work in progress” underlies changes up to its final definable stage the authors do not take this into account. As an example they use the limited term of NICO (which is restricted to existing neuralgia) synonymous with the more general term of FDOJ introduced later on. With such apparently different requirements it seems questionable whether the reviewed publications match a common interpretation throughout. In addition the section about proper clinical diagnosis mixes all a few approaches without considering the timeline. Interestingly there is no publication listed that scientifically falsifies the primary concept. Therefore the statement of the conclusion is misleading and more judgmental than scientifically.

The review is constructive in listing the aspects to be considered in future original research and it would be desirable if it stimulates more than the few existing research groups to establish high-quality standards for clinical diagnosis and good therapy. This would also include the attempt to falsify either the diagnostic or the therapeutic hypotheses. It seems from the review that these attempts have not been published so far (either not performed or not suitable to falsify and therefore not published). The unique situation in the jaw not only for local but for general pathologies was grossly underestimated in the last decades. In addition the clinical “gold standard” of x-rays for bone pathologies might have been overestimated. It is therefore meritorious that new diagnostic tools (transalveolar ultrasound) are on their way to be validated and standardized outside of the university research centers who should be the ones to promote such research. Interestingly a recent publication addressing this

point (Lechner et al. 2020) was not credited as the first step toward new standardized measurements in the present review.

All over it would have been more complaisant if the review had mentioned the effort of the last years to increase the raised critical points which still have to be addressed but are continuously substantiated with higher scientific standard studies. Instead of criticizing non-institutional research efforts it would be more appropriate to perform own original research in a well-equipped environment to truly promote the scientific process. So in our view this publication lacks the scientific honesty that is necessary for an open discussion. After all there are many patients that suffer from a lack of sufficient therapeutic strategies and are rather postmarked as “psyches” than taken as examples to question and broaden the own hypotheses of diagnosis and etiology.

This attitude from a medical university is all the more surprising because trigeminal neuralgia or facial pain is an excruciating condition for which conventional pain therapies often fail. Trigeminal neuralgia has the second-highest suicide rate (after depression) of any disease. The existence of these patients should be the motivation rather than formal class conceit.

Sincerely, yours

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systematic review, NICO, FDOJ, pain therapy

CONFLICT OF INTEREST

Nothing to declare.

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Johann Lechner: Supervision; Writing-original draft; Writing-review & editing. **Christian Albrecht May:** Supervision; Writing-review & editing.

PEER REVIEW

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