



Do not treat the radiograph, treat the patient!

Röntgeni tedavi etme, hastayı tedavi et!

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Osteoarthritis (OA) results from a complex system of interacting mechanical, biological, and biochemical factors.^[1-3] It is a major cause of chronic musculoskeletal pain and dysfunction.

Presence of radiographic knee osteoarthritis may influence the decision of general practitioners in their management strategies, particularly leading to increased levels of referral to secondary care.^[4] Orthopedic surgeons often refer a patient with severe radiographic knee OA for operative treatment. This is true not only regionally or nationally, but also internationally.

There are studies supporting this approach. One of these revealed that knee pain was strongly associated with joint space narrowing especially in males.^[5]

However, this is a controversial issue, and there are also studies demonstrating discordance between pain and radiograph.^[6,7] In a systematic search and summary of the literature, the authors found that the proportion of those with knee pain found to have radiographic OA ranged from 15 to 76%, and in those with radiographic knee OA the proportion with pain ranged from 15 to 81%.^[7] They also concluded that considerable variation occurred with X-ray view, pain definition, OA grading, and demographic factors.

In a recent study, the authors concluded that when the patients are not eligible for surgery, the orthopedic surgeon can confidently refer patients for nonoperative treatment even in severe radiographic knee OA or patients with high body mass index.^[8]

Finally; both physicians and surgeons, all over the world, must treat the patients and not the radiographs or computed tomography scans or magnetic resonance imaging!

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