

make passing reference to this in their introduction, we believe it is important to emphasize that in most instances this is the ideal way of treating these lesions.

Radiofrequency ablation has the advantage of being a day-care procedure.⁴ It is very much like that for a percutaneous bone biopsy and is becoming widely available in any centre that receives a large number of orthopedic referrals. Patients tolerate the procedure well, and with a success rate greater than 90% it is clearly highly efficacious.³ As only a tiny core of bone is removed, the risk of pathologic fracture is minimal.

Although medical management can be successful and is an option for those unwilling to undergo any surgical or interventional procedure, radiofrequency ablation should, in most instances, be the preferred treatment for osteoid osteoma.

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(Drs. Younge and Ilyas reply)

We thank Drs. Munk and Huk for dragging us into the modern world! There is no doubt that radiofrequency ablation is now the treatment of choice for osteoid osteoma, if available. We admit to giving it poor coverage in our article.

We initially started our study on non-steroidal anti-inflammatory drug treatment for osteoid osteoma because we felt that medical treatment as championed by Kneisl and Simon¹ was underused and we had observed that most patients were still being subjected to open surgery. We believe that patients should at least be given the choice, and that medical treatment would be the treatment of

choice in situations where surgery would be difficult or hazardous, such as in the neck of the femur.

During the time of our study, radiofrequency ablation was proving its value, and there is little doubt now that it is the preferred treatment as it is minimally invasive, safe, effective and easy for an experienced operator to perform.

We think that the point we made about giving the patient the option of medical treatment or surgery is still valid in hospitals where radiofrequency ablation is not available, as in many developing countries. Medical treatment can also be used during a long waiting period, as is seen often in the Canadian medical system and in the 10% of cases where radiofrequency treatment fails.

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Books and Other Media Received Livres et autres documents reçus

This list is an acknowledgement of books and other media received. It does not preclude review at a later date.

Cette liste énumère des livres et autres documents reçus. Elle n'en exclut pas la critique à une date ultérieure.

Controversies & Conversations in Cutaneous Laser Surgery. Kenneth A. Arndt and Jeffrey S. Dover. 354 pp. Illust. AMA Press, Chicago. 2002. Paperbound. US\$150. ISBN 1-57947-261-3

Lecture Notes on General Surgery. 10th ed. Harold Ellis, Roy Calne and Christopher Watson. 392 pp. Illust. Blackwell Publishing, Oxford. 2002. Paperbound. £16.95. ISBN 0-632-06371-8