Comment on "Safety and Efficacy of Platelet-Rich Plasma versus Genicular Nerve Radiofrequency Ablation in Knee Osteoarthritis"

To the Editor:

We read with keen interest the article entitled "Safety and efficacy of platelet-rich plasma versus genicular nerve radiofrequency ablation in knee osteoarthritis: An open-label, prospective, randomized, clinical trial (1)." While the study addresses an increasingly important clinical question, a number of methodological concerns in the manuscript merit clarification.

First, according to the flowchart, a genicular diagnostic nerve block targeting ≥ 50% pain reduction was performed before randomization in all patients. Yet the abstract states: "Of these, 100 patients were assigned to the platelet-rich plasma (PRP) group, receiving a single intraarticular PRP injection, while the remaining patients in the genicular nerve radiofrequency ablation (GNRFA) group underwent radiofrequency ablation… following a successful diagnostic block." This wording makes it appear as though only the GNRFA group underwent a diagnostic block, whereas the flowchart implies the block was performed across both treatment arms. Which statement is correct? Moreover, in light of this, could the sustained improvement observed in the PRP group be partly attributable to the diagnostic genicular block administered prior to the PRP injection?

Secondly, in the abstract section, the conclusion states: "For patients with chronic knee osteoarthritis, intraarticular platelet-rich plasma therapy may offer superior sustained pain relief and a lower disability index compared to conventional radiofrequency ablation of the genicular nerves" Would it not be more accurate to specify "patients with Kellgren–Lawrence grade II–III knee osteoarthritis," given that grade IV OA patients were not included or did not remain in the final analysis?

Relatedly, the methods section does not list grade IV osteoarthritis as an exclusion criterion, yet table 1 shows no grade IV patients. Could the authors explain this apparent discrepancy?

Finally, Table 2 states VAS scores in the PRP group were significantly lower than in the GRFA group at 12 and 24 months. However, it is unclear whether these post-treatment scores were also statistically improved from the pre-procedure baseline within the PRP group itself. Was such a paired comparison performed, and if so, could the authors please report those results?

In summary, while this study contributes valuable comparative data, clarification of these key methodological issues would greatly enhance interpretability and reproducibility of the findings.

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References

1. Anwar S, Vardhan S, Aggarwal A, Waquar S, Vardhan M, Shoukat GAR, et al. Safety and Efficacy of Platelet-Rich Plasma versus Genicular Nerve Radiofrequency Ablation in Knee Osteoarthritis: An Open-Label, Prospective, Randomized, Clinical Trial. Pain Physician 2025; 28: 207-15.