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LETTERS TO THE EDITOR

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AUTHORS' RESPONSE

I thank Dr. Strauss for his comments regarding our article—"Chronic Exertional Compartment Syndrome in a Collegiate Soccer Player: A Case Report and Literature Review" (*Am J Orthop.* 2008;37(7):374-377).

The history in most cases alone is not sufficient to justify compartment pressure measurements as the first diagnostic test. Many athletes with leg pain have the more common diagnosis of tibial periostitis or stress fracture, and certainly radiographs and an MRI scan may not only be diagnostic but also noninvasive. However, as Dr. Strauss suggests, in some patients, the history alone, if more classic for chronic exertional compartment syndrome, may make it reasonable to proceed with compartment pressure measurements initially. I also agree that if the diagnosis of chronic exertional compartment syndrome can be made from the resting compartment pressure measurements alone, additional needlesticks post-exercise may not be necessary. I still believe that the standard diagnostic protocol, as described by Pedowitz and

colleagues,¹ should be used to set the diagnostic criteria for chronic exertional compartment syndrome. Even in the runner who required 45 minutes before the chronic exertional compartment symptoms manifested themselves, it is possible that, with the standard protocol, elevation of compartment pressures may have existed prior to, immediately after, or 5 minutes after exercise as well.

Once again, I greatly appreciate Dr. Strauss's insight. I do agree that further research in the diagnosis of chronic exertional compartment syndrome is needed. I hope that our article demonstrating a representative case of this entity with an encompassing literature review was a help to readers.

**Harlan Selesnick, MD
Coral Gables, FL**

Reference

1. Pedowitz RA, Hargens AR, Mubarak SJ, Gershuni DH. Modified criteria for the objective diagnosis of chronic compartment syndrome of the leg. *Am J Sports Med.* 1990;18(1):35-40.