

The ultrasound-guided intratissue percutaneous electrolysis (epi®) for the treatment of refractory-neovascular patellar tendinopathy

Introduction

Refractory patellar tendinopathy (RPT) is a chronic disease with progressive degeneration of extracellular matrix, microtearing, and loss of tendon micro architecture as a hallmark. The essential pathologic lesion of tendinopathy is often described as a failed healing response of the tendon, and persistence of the lesion is attributed to the tissue anchored in the proliferative or angiogenic phase, as shown in histopathology.¹

Structural findings of collagen degeneration and angiofibroblastic neoplasia have been well described and are now referred to as “neovascular tendinosis.” The presence of neovascularization has been theorized to cause pain in patients with tendinopathy.² Recent studies have examined the role of neo-vessels and neo-innervations on chronic tendon pain and dysfunction, and interventions targeting this process have reported favorable outcomes in RPT.³

Ultrasound-guided Intratissue percutaneous electrolysis (EPI®) treatment is the application of a direct current (DC) whose cathodic flow is transferred to the area of the degenerative tendon using an acupuncture needle.⁴ This accumulated electrical charge (AEC) in the degenerative tissue will produce the activation of the molecular, cellular and biological processes necessary to restore the regeneration mechanisms of the tendon. In recent studies it has been demonstrated that EPI® technique is effective in tendinopathy and sport muscular injuries.⁵⁻⁷

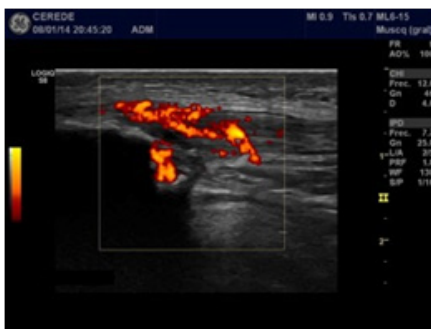


Figure 1 Ultrasound image with power doppler. Longitudinal view of a Patellar neovascular tendinopathy, with thickening of the tendon and hypoechoic image.

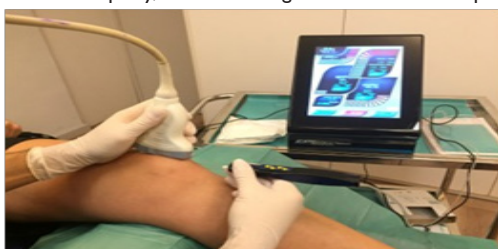


Figure 2 Patellar tendinopathy treatment using EPI® device (EPI advanced S.L. Barcelona, Spain).

Volume 4 Issue 1- 2017

Jose Manuel Sánchez-Ibáñez

Department of Invasive Physiotherapy in Sports Injuries.
Universitat de Lleida, Spain

Correspondence: Dr. Jose Manuel Sánchez-Ibáñez, CEREDE
Barcelona Clinic, Spain, Email drsanchez@cerede.es

Received: December 02, 2016 | **Published:** January 05, 2017



Figure 3 Hiperechoic image produced by the EPI® needle of 0,30mm in the degenerative area of the tendon. This hiperechoic image corresponded to a gas density produced by the electrochemical response of the cathodic flow (CF) in the degenerative extracellular matrix.

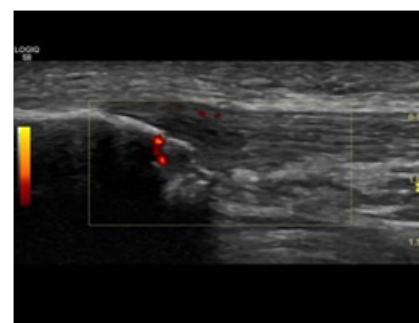


Figure 4 Ultrasound image in longitudinal view and colour doppler two week after the EPI® technique treatment ultrasound-guided. It is observed the degenerated area of the tendon that is substituted by a new connective tissue and decrease the neovascular effect.

Acknowledgements

None.

Conflict of interest

The author declares no conflict of interest.

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