



Letter to the Editor

Response to “letter to editor: Symptoms and absence of symptoms while using a telephone: The paradox of thoracic outlet syndrome”

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Dear Editor

We read with great interest the recent review about musculoskeletal (MSK) complaints, symptoms, and pathologies related to telephone usage [1]. The authors noted thoracic outlet syndrome (TOS) as a possible cause of neck symptoms and cite the study of Korpinen *et al.* as a reference [2]. Although the questionnaire was proposed to 15000 persons, these authors did not suggest TOS as a possible cause of symptoms [2]. It is Sharan *et al.* that found 49% of their 70 subjects with forearm symptoms to have thoracic outlet syndrome [3]. The first question there is whether or not, this proportion is fortuitous. Indeed, positional compression of the neurovascular bundle at the level of the thoracic outlet can be found in as many as 66% of the general –apparently asymptomatic- population [4].

We recently reported that 25 of 32 patients (78%) with suspected thoracic outlet syndrome reported fatigue or pain forearm fatigue or pain and that 18 (56%) were unable to hold the phone for 1 min while this never occurred in 15 healthy volunteers [5]. This apparently strengthens the idea that TOS might be an underestimated cause of MSK complain at the forearm level during telephone usage. Nevertheless, the presence of ischemia (as assessed with transcutaneous oxygen pressure measurements) was observed in one or both arms in 10 (31%) patients with proved TOS, but was also found in three (20%) controls [5]. This latter value was expected from the frequency of asymptomatic TOS in the general population [4]. The second question there is: why do so many patients with positional compression remain asymptomatic? One possible explanation is the fact that symptoms are likely to appear in patients that use their telephone very frequently or for prolonged periods. Estimating time of use is then essential in studies of telephone use. Another possibility is that the use of headsets or earplugs could result in the subjects with positional compression remaining asymptomatic by avoiding the use of hand-held phones (and privilege earplugs or headphones, as avoidance behaviors). This point is of critical interest and should be estimated when studying the relationship between telephone use and symptoms or complaints.

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