Re: "Lateral Epicondylitis Treated with Platelet-Rich Plasma Injection and Corticosteroid Injection"

Emine Esra Bilir[1]

Learning Point of the Article:

Weighing Long-Term vs. Short-Term Benefits: Corticosteroids offer faster initial pain relief, whereas platelet-rich plasma (PRP) typically yields superior, more durable functional outcomes by the 3- to 6-month marks.The Importance of Standardization: Conflicting trial results are largely driven by inconsistencies in PRP preparation methods (such as leukocyte content and platelet concentration), patient selection, and rehabilitation protocols.

Methodological Rigor in Biologic Research: High-quality clinical trials evaluating orthobiologics must incorporate adequate sample sizes, blinding, objective imaging to track tendon healing, and control for confounding occupational or lifestyle factors.

Introduction

Dear Editor,

I read with great interest the randomized controlled trial comparing platelet-rich plasma (PRP) and corticosteroid injections (CSI) in the treatment of lateral epicondylitis. The authors' report that PRP led to superior pain relief and functional outcomes at 6 months, highlighting its potential as a longer-lasting intervention compared to CSI.

These findings are consistent with earlier studies. Peerbooms et al. and Gosens et al. demonstrated the long-term benefits of PRP over corticosteroids in controlled trials with 1- and 2-year follow-up, respectively [1,2]. More recently, Hohmann et al. confirmed in a systematic review and meta-analysis that while corticosteroids may provide faster symptom relief, PRP offers superior outcomes at 3 and 6 months [3]. In addition, cost-effectiveness analyses by Klifto et al. indicated that PRP is a more economically viable option in the long term for recalcitrant cases [4].

However, it is important to acknowledge that not all evidence favors PRP. Several well-conducted studies and meta-analyses have reported mixed or inconclusive results. For instance, Krogh et al. conducted a randomized, double-blind trial showing no significant difference between PRP and corticosteroids at 3-month follow-up [5]. Similarly, a systematic review by de Vos et al. found inconsistent evidence supporting PRP's superiority, particularly in the short term [6]. These conflicting results may be attributed to variations in PRP preparation methods, patient selection, severity of tendinopathy, or differences in outcome measurement tools.

The present study adds meaningful data from an Indian clinical setting, yet several limitations should be considered. The sample size is not specified, which limits statistical power. The lack of blinding introduces potential bias, and the single-center design restricts generalizability. In addition, no imaging modalities were used to objectively assess tendon healing, and critical parameters of PRP preparation (e.g., leukocyte content and platelet concentration) were not reported. The study also does not account for potential confounders such as occupational risk factors, physical activity levels, or post-injection rehabilitation compliance. Finally, the economic implications of PRP use were not addressed.

In summary, this trial contributes to the ongoing debate over biologic versus pharmacologic treatments for lateral epicondylitis. While evidence increasingly supports the long-term benefits of PRP, further multicenter, blinded, and standardized trials are essential to clarify its role, particularly in light of existing studies reporting no superiority over corticosteroids.

Sincerely,

Access this article online

Website: www.jocr.co.in

DOI: https://doi.org/10.13107/jocr.2026.v16.i09.8162

[1]Department of Physical Therapy and Rehabilitation, Ankara City Hospital, Ankara, Turkey.

Address of Correspondence:
Dr. Emine Esra Bilir,
Department of Physical Therapy and Rehabilitation, Ankara City Hospital, Ankara, Turkey.
E-mail: esrabilirftr@gmail.com

Submitted: 10/06/2026; Review: 03/07/2026; Accepted: August 2026; Published: September 2026

DOI: https://doi.org/10.13107/jocr.2026.v16.i09.8162

Declaration of patient consent: The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given the consent for his/ her images and other clinical information to be reported in the journal. The patient understands that his/ her names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Conflict of interest: Nil **Source of support:** None

References

1. Peerbooms JC, Sluimer J, Bruijn DJ, Gosens T. Positive effect of an autologous platelet concentrate in lateral epicondylitis in a double-blind randomized controlled trial: platelet-rich plasma versus corticosteroid injection with a 1-year follow-up. Am J Sports Med 2010;38:255-62.

2. Gosens T, Peerbooms JC, van Laar W, den Oudsten BL. Ongoing positive effect of platelet-rich plasma versus corticosteroid injection in lateral epicondylitis: A double-blind randomized controlled trial with 2-year follow-up. Am J Sports Med 2011;39:1200-8.

3. Hohmann E, Tetsworth K, Glatt V. Corticosteroid injections for the treatment of lateral epicondylitis are superior to platelet-rich plasma at 1 month but platelet-rich plasma is more effective at 6 months: An updated systematic review and meta-analysis of level 1 and 2 studies. J Shoulder Elbow Surg 2023;32:1770-83.

4. Klifto KM, Colbert SH, Richard MJ, Anakwenze OA, Ruch DS, Klifto CS. Platelet-rich plasma vs. corticosteroid injections for the treatment of recalcitrant lateral epicondylitis: A cost-effectiveness Markov decision analysis. J Shoulder Elbow Surg 2022;31:991-1004.

5. Krogh TP, Fredberg U, Stengaard-Pedersen K, Christensen R, Jensen P, Ellingsen T. Treatment of lateral epicondylitis with platelet-rich plasma, glucocorticosteroid, or saline: A randomized, double-blind, placebo-controlled trial. Am J Sports Med 2013;41:625-35.

6. de Vos RJ, Windt J, Weir A. Strong evidence against platelet-rich plasma injections for chronic lateral epicondylar tendinopathy: A systematic review. Br J Sports Med 2014;48:952-6.

Conflict of Interest: Nil
Source of Support: Nil

Consent: The authors confirm that informed consent was obtained from the patient for publication of this article

How to Cite this Article

Bilir EE. Re: Lateral Epicondylitis Treated with Platelet-Rich Plasma Injection and Corticosteroid Injection. Journal of Orthopaedic Case Reports 2026 September;16(09): 598-599.