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Letter to the Editor Regarding "Early Versus Late Spine Surgery in Severely Injured Patients—Which Is the Appropriate Timing for Surgery?" by Sousa et al

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Keywords
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Dear Editors,

We read with great interest the article by Sousa et al[1] who have compared early surgical intervention (n = 38) with late surgical intervention (n = 12) for acute spinal injured patients. We appreciate the tremendous work by the authors. However, we noted that there are some issues in the article that may mislead the readers, and a few clarifications would be of benefit.

First, early surgery firstly and mostly defined as the first 72 hours after injury, since the timing showed the highest differences between the 2 groups.[2] In this study, however, the authors defined early surgery as "surgeries performed in the first 72 hours after admission".[1] Did the authors have different considerations? Given that the hours between injury and the time of admission vary for every patient, which can significantly distort study results. Second, "delay to surgery" was mentioned in the results part and correlates strongly with the hospital stay in Figure 1, but the Y-axis of Figure 1 was named "time to surgery", which the authors defined as "the number of hours between patient's arrival at the emergency department and the time at which the spine surgery was initiated".[1] Does "delay to surgery" means the same as "time to surgery"? This does not let the readers understand the results completely.

A recent study by Du et al.[3] who have applied AOSpine subaxial cervical spinal injury classification system in the study to evaluate the optimal timing for traumatic cervical spinal cord injury. They concluded that the early surgery for type A and type F1-3 fractures defined by the AOSpine is not required to undergo aggressive early decompression surgery, while type B and type C/F4 fractures should be surgically treated early for better clinical outcomes.[3] Therefore, we believe that early or delayed surgery for spinal injured patients, in the future, should be considered in many aspects instead of just focussing on the timing. Once again, we appreciate the authors for the great work. It provides other guidelines for the timing of the surgical treatment for spinal injured patients.

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