

# Reply to the Letter to the Editor on: “Sterile Seroma Resulting from Multilevel XLIF Procedure as Possible Adverse Effect of Prophylactic Vancomycin Powder: A Case Report” (Evid Based Spine Care J 2014;5(2):127–133)

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I appreciate the insight provided by this letter to the authors regarding the issue of sagittal malalignment in this case report. Although the case report was directed at the postoperative seroma and potential relationship with the use of vancomycin, and was not related to the sagittal alignment per se, the input provided in this case is much appreciated. In fact, I went back and remeasured the preoperative pelvic parameters and sagittal vertebral alignment (SVA) to further understand the relations created with our surgical intervention. Preoperatively, we noted an SVA of 3 cm, a pelvic incidence of 65 degrees, and a lumbar lordosis (LL) of 25 degrees. At the patient's most recent follow-up, we noted an SVA of 1 cm, an LL of 39 degrees, and a pelvic incidence (PI) of 65 degrees.

Clearly, we did not achieve the goals of  $PI = \pm 9$  degrees as published in the literature, but our goals were to improve sagittal balance and I think we achieved this goal. The issue of the seroma and postoperative neurologic deficit was not related to sagittal malalignment but rather to an uncertain etiology, possibly the vancomycin powder used in the wound. I appreciate the input and critique of the radiographic outcome of our surgical intervention; however, the intent of the case report was to bring awareness of a potential complication related to vancomycin powder and postoperative seroma formation, and I do not believe this complication resulted from the sacral fracture or the sagittal malalignment as suggested by this letter.