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Editorial

From the Editor-in-Chief: Featured Articles in the March 2023 Issue

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In the March issue of *Neurospine*, we feature the articles listed below:

Technique of Distraction, Compression, Extension, Reduction to Reduce and Realign Old Displaced Odontoid Fracture From Posterior Approach: A Novel Technique

Chandra and colleagues[1] investigated a new method of reducing the fractured displaced dens using a posterior only approach only in 14 patients with a displaced and irreducible old fracture dens causing cord compression (type I fracture, n = 11; type II fracture, n = 13). In the new method, the C1 arch was drilled and removed first, then the C1 lateral masses on both sides were completely drilled and a spacer was placed between the occiput and C2 facet. Intraoperative reduction was then performed, utilizing the spacer as a fulcrum, and achieving complete reduction

Concepts and Techniques to Prevent Cervical Spine Deformity After Spine Surgery: A Narrative Review

Merrill and colleagues[2] described current concepts and techniques for preventing postoperative cervical spine deformities. The most common cause of cervical spine deformity is iatrogenic. Therefore, this review emphasizes the importance of proper positioning, facet joint resection less than 50%, and preservation of C2 muscular attachments, reciprocal and compensatory cervical spine response to adult thoracolumbar and lumbar deformity correction.

Clinical Characteristics and Treatment Outcomes of Long-Level Intramedullary Spinal Cord Tumors: A Consecutive Series of 43 Cases

Zhang and colleagues[3] analyzed a total of 43 consecutive patients with long-level intramedullary spinal cord tumors. Their long-level intramedullary spinal cord tumors were glioma (53.5%; ependymal tumors. 25.6%; low-grade astrocytic tumors, 20.9%; high-grade astrocytic tumors). In patients with ependymal tumors and low-grade astrocytic tumors, aggressive tumor resection did not increase the risk of long-term functional deterioration and allowed long-term survival, but in patients with high-grade astrocytic tumors, patients were at higher risk of neurologic deterioration and difficult recovery.

Endoscopic and Nonendoscopic Approaches to Single-Level Lumbar Spine Decompression: Propensity Score-Matched Comparative Analysis and Frailty-Driven Predictive Model

Kassicieh and colleagues[4] compare endoscopic spine surgery (ESS) and non-ESS ap-

proaches for single-level lumbar decompression and proposes a frailty-driven predictive model for non-home discharge disposition. ESS for single-level lumbar decompression contribute to reduced operative time, hospital length of stay, and non-home discharge disposition.

The Role and Future of Endoscopic Spine Surgery: A Narrative Review

Kwon and Park[5] describe that ESS will become more important for minimally invasive spine surgery in the future as the number of elderly and highly complex patients continues to increase and efforts to improve ESS techniques and apply new technologies will make ESS one of the best options for entire spine diseases by overcoming current ESS limitations.

- **Conflict of Interest:** The author has nothing to disclose.

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