

The need for long-term studies to validate endoscopic surgery



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Over several decades, uniportal and biportal endoscopic techniques have been introduced as a new field of minimally invasive spine surgery [1,2]. Several studies have shown that endoscopic spine surgery techniques have advantages over previous microscopic spinal surgery in terms of early rehabilitation, and similar results have been reported in clinical and radiological outcomes [3,4]. Many endoscopic technical notes have been reported, and endoscopic decompression was initially introduced as a replacement for microscopic decompression, and later introduced into the areas of endoscopic fusion, thoracic, and cervical decompression [5,6]. However, one regrettable point is that the evidence is still relatively low compared to other minimally invasive spinal surgeries. Many surgeons are interested in endoscopic spinal surgery, but they tend to be skeptical because there is no long-term follow-up clinical study, comparative study with other minimally invasive spinal surgeries, prospective study, animal experiment, and laboratory-based basic research in this field. As a special editor of the Asian spine journal and a scholar who has continuously conducted research on biportal endoscopic techniques, I believe that the aforementioned issues should be addressed in order for endoscopic techniques to be recognized. Fortunately, I am pleased that this special issue will publish not only technical notes but also clinical studies and review articles that provide justification for endoscopic spinal surgery.

When publishing a special issue on endoscopic spinal surgery in the future, I hope to introduce long-term follow-up studies, basic research, prospective studies, and handling of complications of endoscopic spinal surgery. I would like to express my gratitude to the editors who planned and published a special issue on endoscopic spinal surgery, and to the writers who wrote valuable papers and the many reviewers who performed professional assessments. I believe that this special issue will contribute to the development of endoscopic spinal surgery and provide inspiration to many readers, and I hope that the continuous publication of special issues on endoscopic spinal surgery will be of help to the field of spinal surgery.

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