Microendoscopic lumbar discectomy: Technique and results of 188 cases

Sir,

We read the article titled "Microendoscopic lumbar discectomy: Technique and results of 188 cases." from Kulkarni *et al*.[1] with interest. The visualization device used in this technique is not an endoscope, but an operating microscope, as it is stated clearly on the final line of the first paragraph in the description of the operative procedure under materials and methods.

Microendoscopic discectomy (MED) was introduced in 1997 and refers to a tubular retractor system (MED) to approach the spine combined with a rigid endoscope to enable visualization.[2,3] Further development of the MED system was the Minimal Exposure Tubular Retractor (METRx) system and especially the METRx MD system (Sofamor Danek, Memphis, TN). This system enabled the use of the microscope as visualization device.[3] The two techniques clearly differ in the visualization apparatus and should, therefore, be regarded as different. Both techniques use a tubular retractor system for the approach, but the use of one or the other visualization device, namely endoscope versus microscope, attributes various advantages and limitations to each one.[3]

The term "MED" should be used only to describe the use of the endoscope in combination with the tubular retractor system as it was originally introduced.[2,3] On the contrary, there is no consent to a term that describes the use of the microscope in combination with the tubular retractor system. Thereafter, a periphrasis is usually used to declare this, e.g. tubular microdiscectomy, microscopically assisted tubular discectomy, minimally invasive microdiscectomy, etc.

In our neurosurgical clinic, we have used the microscopic tubular technique in over 1000 cases of microdiscectomy,[4] decompressive laminotomy, transforaminal lumbar interbody fusion and cervical dorsal foraminotomy.

I have no doubt about the good intentions and animus of the authors but the use of the term "MED" in the title of the mentioned article[1] is incorrect. In this respect, the antithesis between title and admittedly qualitative content of this article may lead to confusion when used in research or for educative purposes. I believe that a consensus of nomenclature is mandatory in order to assure that scientific knowledge is conveyed accurately to the international

scientific and medical society and also transcends to the next generations.

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