



# Letter to the Editor: Analysis of Functional and Radiological Outcome Following Lumbar Decompression without Fusion in Patients with Degenerative Lumbar Scoliosis

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Dear Editor,

We read with great interest the paper titled “Analysis of the functional and radiological outcomes of lumbar decompression without fusion in patients with degenerative lumbar scoliosis” by Gadiya et al. [1]. We compliment the authors for their work and providing us with good follow-up data. The authors further emphasize on the fact that all degenerative scoliosis with stenosis do not need instrumentation.

We would like to have authors opinion as to what were the surgical indications of offering decompression in cases of degenerative scoliosis with stenosis? They did mention, that they included cases of  $>10^\circ$  of scoliosis. However, it was not clear if they preferred decompression irrespective of the degree of scoliosis or any another radiological finding.

Somehow, we feel that from the title of the study or the methods section, it is not clear to the readers as to what criterion they chose for their cases. Additionally, they conclude that decompression gives good outcome after surgery in degenerative scoliosis. Do they feel, it is true for all cases of degenerative scoliosis or they have any guidelines for the readers to follow?

Studies have reported certain radiological findings to determine spine stability in degenerative scoliosis with high risk of progression demanding fusion like coronal plane cobb's  $>30^\circ$ ,olisthesis, L3 obliquity, spondylolisthesis, lateral listhesis  $>6$  mm, etc. [2-7]. Do the authors feel that these radiological findings help in decision making?

It would be interesting for the readers to know if any patients in their cohort had severe scoliosis or radiological signs of instability and how they did after decompression alone. There are numerous studies that have shown that decompression alone works for cases where the cobb angle is less than  $30^\circ$  [2,3,8]. The mean cobb angle of their cohort was  $20.8^\circ$  which indicated mild scoliosis and the authors reported good outcomes. Do the authors feel that their surgical indications criterion or method of decompression was any different?

Again, we compliment the authors for their commendable effort and record keeping. The readers would benefit from this study.

## Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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