

The Extended Posterior Circumferential Decompression Technique in the Management of Tubercular Spondylitis with and without Paraplegia

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Dear Editor,

We have read the published article by Rathinavelu et al. [1] entitled "The Extended Posterior Circumferential Decompression Technique in the Management of Tubercular Spondylitis with and without Paraplegia" with great interest. The study is well written and the authors described a new posterior procedure termed the "Extended Posterior Circumferential Decompression (EPCD)", a technique that manages tubercular spondylitis, in the presence or nonpresence of paraplegia. The objective of the study is noteworthy and we have some questions for authors:

(1) In the study it was written, "During this period, all cases of dorsal, dorso-lumbar and lumbar tuberculous spondylitis cases operated for any indication were performed using this technique." and "Major indication for the procedure was paraplegia in 24 patients (59%), and contiguous vertebral body destruction with deformity in 17 patients (41%)." What are the authors' operation indications? In 2008, Oguz et al. [2] developed a classification system for spinal tuberculosis based on seven clinical

and radiological criteria. In this system, the researchers divided spinal tuberculosis into three categories by using these criteria, and recommended specific therapeutic techniques for each type. Are the authors using a classification system to provide guidance in selecting the proper treatment approach for patients with spinal tuberculosis?

(2) Which method did the authors use for differential diagnosis from malignancy or metastasis before operations? Is the needle biopsy diagnostic significant?

(3) What is the best option for multilevel tuberculosis spondylitis for patients having both thoracic and lumbar complications, with severe kyphosis or collapse?

(4) Some authors advised using intraoperative cell salvage system in vertebral operations [3]. What is the author's opinion about this issue?

We appreciate the author's comments on this concern.

Conflict of Interest

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

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