

Letter to Editor: Effect of furosemide on prevertebral soft tissue swelling after anterior cervical fusion: a comparative study with dexamethasone

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We read with great interest the article “Effect of furosemide on prevertebral soft tissue swelling after anterior cervical fusion: a comparative study with dexamethasone” by Jang et al. [1]. We commend the authors for their valuable contribution to this much-debated topic and would like to raise a few points for further discussion.

Firstly, we would like to know if any specific criteria, apart from the subjective decision to start medication, were used to guide the need for and timing of medication. Additionally, were inflammatory markers such as total leukocyte count, erythrocyte sedimentation rate, or C-reactive protein recorded? If so, were these markers, along with episodes of fever, associated with swallowing disturbances or peak prevertebral soft tissue swelling (PSTS) [2]? We would also like to highlight that, in this study, patients who were started on medication exhibited a greater change in PSTS between the preoperative period and postoperative day 1 compared to the control group. This change could contribute to symptoms and is a potential factor in predicting the

need for medication.

Secondly, we would like to inquire about the use of surgical drains. Was their use determined case-by-case basis, or were they entirely avoided? Given that hematoma is a recognized factor contributing to PSTS, could the absence of a drain have influenced symptom development in some instances [3]? Furthermore, prior studies suggest that neck positioning can significantly impact the evaluation of PSTS [4]. Did the authors employ specific methods to ensure consistent patient positioning during imaging to minimize measurement bias.

Additionally, what factors determined the duration and endpoint of medication? Should patient monitoring continue for approximately 6 or more weeks, as advised by Kim et al. [5]? Moreover, could medication be started on an empirical basis, considering that more than 60% of patients suffer from this condition and could potentially benefit from early treatment [6]?

Lastly, given that cervical spine surgeries are associated with an increased risk of orthostatic hypotension,

wouldn't the use of furosemide necessitate careful monitoring and judicious application to prevent complications [7,8]?

Clarifying these aspects would provide valuable insights into the study's findings and their clinical implications.

Conflict of Interest

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

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All the work for the preparation of this commentary was done by all authors.

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