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*Letter to Editor*

# Determination of ideal patient candidacy for anterior odontoid screw fixation

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**Quick Response Code:**

Sir,

We read with great interest the article by Fiani *et al.*[1] on determination and optimization of ideal patient candidacy for anterior odontoid screw fixation. The authors have very rightly pointed out the utilization of this technique to treat Type IIB odontoid fractures, which has been shown to preserve atlantoaxial motion, limit soft-tissue injuries/blood loss/vertebral artery injury/reduce operative time, provide adequate osteosynthesis, incur immediate spinal stabilization, and allow motion preservation of C1 and C2. It is limited by patient characteristics such as fracture morphology, transverse ligament rupture, remote injuries, short neck or inability to extend neck, barrel chested, and severe spinal kyphosis.

We have observed that fracture stabilization and healing are the foremost problems in elderly patients. Of course, anterior odontoid screw fixation (AOSF) is the preferred option for young individuals, as it maintains neck mobilization in this age group. Anterior displacement or neutral position of the fractured segment is again an important positive determinant in choosing AOSF. We prefer intraoperative traction in extension position, with a finger place inside mouth to push the anteriorly displaced segment backwards, or push the spinous process of C2 with palm to move the posteriorly directed fractured segment forward for easy negotiation of odontoid screw. All-in-all, a solid posterior fixation should be considered for patients with a failed AOSF.

## Declaration of patient consent

Patient's consent not required as there are no patients in this study.

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### Conflicts of interest

There are no conflicts of interest.

## REFERENCE

1. Fiani B, Doan T, Covarrubias C, Shields J, Sekhon M, Rose A. Determination and optimization of ideal patient candidacy for anterior odontoid screw fixation. Surg Neurol Int 2021; 12:170.

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