

Letter to the Editor Concerning “Clinical Outcomes of Condoliase Injection Therapy for Lateral Lumbar Disc Herniation” by Kagami et al.

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To the Editor:

We read with interest the article by Kagami et al.¹⁾ who concluded that the response rate of condoliase injection therapy (CIT) for lateral lumbar disc herniation (LLDH) was comparable to that for medial lumbar disc herniation. While we fully agree that CIT is an effective treatment for LLDH, we have some concerns regarding the validity of the results.

First, was the area of the protruding nucleus pulposus measured using MRI to determine the effect of herniated disc reduction after condoliase administration? It would be interesting to objectively measure the change in spinal canal occupancy of the prominent medullary nuclei as reported by Ishibashi et al.²⁾ and to know at what time after condoliase administration the reduction effect on MRI was seen to be significant.

Second, most previous studies have considered the first month or three months after administration of CIT as the primary evaluation point^{1,3)}. We have had many experiences with CIT, where the effects were observed as early as the day after administration, with further improvement appearing almost one week later. Therefore, was the effect of the treatment evaluated in less than a month in this study?

Finally, the authors injected condoliase by positioning the injection tip at the center of the disc as usually recommended⁴⁾. However, LLDH is inherently a displaced lesion. Therefore, would it not be better to administer condoliase

from the LLDH side and position the injection tip slightly lateral to the LLDH rather than at the center?

We would appreciate your response on these concerns, so that we can further support the results of this important study.

Conflicts of Interest: The authors declare that there are no relevant conflicts of interest.

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