

Letters to the Editor



Letter to the Editor: Commentary on Neurological Deterioration Immediately After Lumbar Surgery: Anesthetic Consideration for Co-existing Cervical Lesion: A Case Report (Korean J Neurotrauma 2022;18:132–136)

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Conflict of Interest

The author has no financial conflicts of interest.

► See the article “Neurological Deterioration Immediately After Lumbar Surgery: Anesthetic Consideration for Co-existing Cervical Lesion: A Case Report” in volume 18 on page 132.

Dear Editor,

Thank you for the opportunity to review the paper “Neurological Deterioration Immediately After Lumbar Surgery: Anesthetic Consideration for Co-existing Cervical Lesion: A Case Report”.³⁾

Tandem spinal stenosis (TSS) is defined as the presence of stenosis in two or more non-contiguous anatomical regions of the spine. In general, TSS is considered to occur simultaneously in the cervical and lumbar spines.¹⁾ The reported prevalence of TSS varies from 7.6% to 60% in populations with spinal stenosis, with a higher prevalence in women.^{4,5,7)} Although the etiology of TSS is not yet clear, it is related to the ossification of the posterior longitudinal ligament (OPLL) and the ligamentum flavum (OLF).²⁾ In particular, in South Korea, the prevalence of OPLL is high, the aging population is increasing, and the frequency of surgeries for spinal stenosis has recently increased.

Accordingly, this paper is a good case report that can increase spine surgeon awareness and provide insights into the entire spine. However, we would like to comment on some points regarding the explanation of the reason for the occurrence of quadriplegia after surgery.

First, the patient had non-neurogenic intermittent claudication (NIC) paralysis in both legs before surgery. Although central stenosis is severe, paralysis on either side of the leg rather than the NIC is not common. Therefore, it is necessary to describe whether both foraminal stenoses were severe and whether it was a weakness occurring due to myelopathy. Second, in this paper, there was no neck hyperextension during intubation, and the occurrence of cervical cord injury was judged to be a slight neck drop that occurred during the change from prone to supine positions. As you know, the other common causes of cervical spinal cord injury during surgery is the hypoperfusion caused by hypotension.⁶⁾ Therefore, the authors should comment on the possibility of hypoperfusion due to hypotension in the surgical procedure. I hope my comments will be helpful in your research.

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