

Letter to the Editor



Letter to the Editor: Commentary on Comparison of the Clinical Effectiveness Between Infrared Thermography and Electrophysiology Tests in Spinal Intradural Extramedullary Schwannoma (*Korean J Neurotrauma* 2022;18:306–313)

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Conflict of Interest

The author has no financial conflicts of interest.

Dear Editor,

I have read with interest the article, ‘Comparison of the Clinical Effectiveness Between Infrared Thermography and Electrophysiology Tests in Spinal Intradural Extramedullary Schwannoma,’³⁾ submitted to *Korean Journal of Neurotrauma*.

The authors performed an electrophysiological study and digital infrared thermography imaging (DITI) in 23 intradural extramedullary (IDEM) patients. Twenty-three patients were clinically divided into radiculopathy and myelopathy groups; the authors showed true positive rates of electrophysiologic studies and DITIs in the results. The authors suggest that the diagnosis of IDEM is made using magnetic resonance imaging, but DITI reflects the patient’s subjective symptoms, such as pain.

Personally, I agree with the usefulness of the DITIs. DITI presents body temperature as a map and may be related to pain, but there is a high possibility that it is not. I also researched the currently published results on DITI and radiculopathy. Many researchers have considered whether DITI can be objectively used as a diagnostic method, but it seems to have numerous obstacles to overcome.^{1,2,4-6)}

This study is worthwhile in that it covers IDEMs, which is a rare material compared to other studies. This seems to be an excellent choice in terms of comparing the results of electromyography (EMG), DITI, and somatosensory evoked potential, which are some of the existing diagnostic and evaluation methods. When the patients were divided into radiculopathy and myelopathy groups according to their clinical severity, the author showed that the results of each test differed before and after surgery.

However, to say that DITI reflects the patient's condition rather than electrophysiological tests such as EMG in this study, the sensitivity and specificity, which are comparative values of diagnostic methods, are necessary. Unfortunately, this was a retrospective study and there was no control group. Then, if possible, who should be in the control group? Are they who disease-free? Or are they patients with radiculopathy or myelopathy as symptoms, such as cervical disc patients? Or both?

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