Letter to the Editor

Re:Full-Endoscopic Procedures Versus Traditional Discectomy Surgery for Discectomy: A Systematic Review and Meta-analysis of Current Global Clinical Trials

To the Editor:

It is with great interest that we read the article by Li et al, "Full-Endoscopic Procedures Versus Traditional Discectomy Surgery for Discectomy: A Systematic Review and Meta-analysis of Current Global Clinical Trials", published in the 2016 March issue of Pain Physician (1).

The aim of this systematic review and meta-analysis was to compare the safety and efficacy between full-endoscopic (FE) and traditional discectomy surgery (TDS). However, the authors did not give the definition of TDS. They excluded FE from conventional minimally invasive techniques, and mentioned 3 main techniques performing discectomy, including conventional open surgery, conventional minimally invasive surgery and FE surgery. It was first elaborated that there are shortages of conventional open discectomy and indicated that the current systematic reviews have compared minimally invasive discectomy, limited to tubular or microendoscopic surgery or other surgical procedures, to conventional open discectomy. Was the definition of TDS equal to traditional open discectomy, in which the discectomy was performed via a standard surgical incision after a laminectomy or hemilaminotomy without microsurgical technique?

As the relative comparative study for FE discectomy was sporadic, the authors only included 6 studies to perform meta-analysis. However, all of them were performed to compare the outcome between full-endoscopic discectomy and conventional microsurgical technique (2-7). This systematic review and meta-analysis was compared the clinical outcomes, perioperative parameters, and complications for FE discectomy versus microsurgical discectomy, rather than conventional open discectomy. For the authenticity of conclusion, we really think it is necessary to give the definition of TDS.

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