

Comments on “Long-term Efficacy of Percutaneous Epidural Neurolysis of Adhesions in Chronic Lumbar Radicular Pain: 10-Year Follow-Up of a Randomized Controlled Trial”

To the Editor:

I have read the recently published paper by Gerdesmeyer et al (1), titled “Long-term efficacy of percutaneous epidural neurolysis of adhesions in chronic lumbar radicular pain: 10-year follow-up of a randomized controlled trial”, and I found it interesting. This study involved 90 patients with radicular pain due to disc protrusion or failed disc surgery. Of these patients, 46 underwent percutaneous epidural lysis of adhesions, and the remaining 44 received placebo. The authors assessed the outcomes 6 months, 1 year, and 10 years after the procedure. The study is important because few randomized controlled trials have assessed the long-term outcomes of percutaneous epidural neurolysis of adhesions in patients with lumbar radicular pain. However, there are several concerns to be addressed. First, the authors used the Oswestry Disability Index (ODI) scores and the Visual Analog Scale (VAS) to analyze the outcomes of the surgery. However, the use of oral medications, the application of physical modality, and the administration of epidural steroid injections during follow-up may have affected the results. For example, the outcomes could have been favorable if the epidural steroid injection was administered a month before the follow-up evaluation. Therefore, the effects of the treatments administered to the patients during the investigation had to be evaluated for accurate as-

sessments of the outcomes. Also, subsequent surgeries were also not considered, and they should have been. Second, the authors indicated in Table 1 that spinal stenosis was excluded; however, they also indicated in the Methods section of the main text that only severe spinal stenosis was excluded. The prognoses of spinal stenosis and disc protrusion differ. Although spinal stenosis in the recruited patients was moderate or mild, it may have affected the results of the procedure, as well as the diagnostic accuracies of the causes of radicular pain. Third, Gerdesmeyer et al (1) highlighted that they excluded patients with motor deficits, which are common symptoms of disc protrusion; 30-50% of patients with disc herniation have motor deficits (2). Perhaps, the “motor deficits” in the paper referred to “severe motor deficits” (MRC < 3, for example). To make the study more convincing, the above-mentioned concerns should be considered and addressed, and vague descriptions should be clarified.

Min Cheol Chang, MD
Department of Physical Medicine and Rehabilitation,
College of Medicine, Yeoungnam University
317-1, Daemyungdong, Namku, Taegu, 705-717,
Republic of Korea
E-mail: wheel633@ynu.ac.kr

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