

Comments on “Varied Low Back Pain Induced by Different Spinal Tissues in Percutaneous Endoscopic Lumbar Discectomy: A Retrospective Study”

TO THE EDITOR:

We read with great interest an article titled “Varied Low Back Pain Induced by Different Spinal Tissues in Percutaneous Endoscopic Lumbar Discectomy: A Retrospective Study” authored by NanRu et al (1). In this study, the author evaluated the spinal structures pain variability during percutaneous endoscopic lumbar discectomy. However, we wish to bring a few points that we think are extremely relevant to the notice of this journal’s readership which would send out the message expounded in this study with more clarity.

First of all, there is a lack of clinical significance. Nucleus pulposus forceps are mainly used to remove fat, free nucleus pulposus and other free tissues. In addition, they are rarely used. Similarly, the Punch Forceps and Radiofrequency bipolar coagulator also have their main target tissues. Therefore, this paper makes a statistical analysis of the low back pain (LBP) scores of these three instruments in the treatment of posterior longitudinal ligament, nerve, endplate, ligamentum flavum and annulus fibrosus, which is lack of practical value.

Secondly, the application value of the test conclusion is limited. Although this paper compares the severity of LBP produced by different spinal tissues stimu-

lated by different instruments in detail, we found in clinical work that after the endoscopic working channel is established, most patients have no main complaint of LBP during operation. Even if a few patients have transient and serious LBP during operation, they can achieve the purpose of remission through simple ways such as intravenous anesthesia (2); therefore, intraoperative LBP does not need to be an influencing factor for surgeons to choose instruments. Safety and effectiveness should be the main factors affecting the selection of device (3,4).

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