

In Response to Comments on the Article Entitled “Clinical Effectiveness of Posterior Annular Targeted Ablative Decompression as an Alleviative Intervention for Lumbosacral Discogenic Pain: Systematic Review and Meta-analysis”

Sincere gratitude regarding your interest in our recently published article of “Clinical Effectiveness of posterior annular targeted ablative decompression as an alleviative intervention for lumbosacral discogenic pain: Systematic review and meta-analysis” (1).

We agree with your skepticism regarding the inclusion criteria implementation waged on the 12 studies as well as 8 articles included during this meta-analysis since the main emphasis of this article would be the efficacy of targeted posterior annulus ablative therapy for pure discogenic axial lower back pain that frequently represented as internal disc derangement, bulging, or a presence of high-intensity zone through magnetic resonance imaging (MRI) projections.

An et al’s (2) retrospective observational study has also aimed at investigating the afferent pathways of lower-level lumbar disc herniation that induce groin pain by using an experimental design (the research took place in the Laboratory Research Center of Harbin Medical University using 14 adult Wistar rats) as well as to evaluate the clinical results of transforaminal endoscopic discectomy treatment for discogenic groin pain from 30 patients at The First Affiliated Hospital of Harbin Medical University between September 2015 and May 2017, whose analyzed outcomes utilizing visual analog scale, Oswestry disability index, and McNab criteria were adopted in this meta-analysis.

Another skepticism on the Kim et al’s (3) retrospective cohort study was also aimed to evaluate the prognostic factors associated with the successful outcome of percutaneous disc decompression (PDD) using the L’DISQ for treating lumbar discogenic pain from 106 patients. They concluded that the presence of HIZ or the unilaterally protruded disc were positive while the migrated ruptured disc was negative predictor for clinical success accomplishment after PDD application for “lumbar discogenic pain”, not the lower extremity involving radiculopathy. Actually, they confessed the study’s limitation of difficulty in predicting the PDD clinical effect (especially when the multiple levels were involved) due to their implementation of the radiological MRI characteristics of the disc as a sole predictor.

We agree in part with the comment from Chang that, for the sake of the study’s credibility, the authors need to strictly adhere to the purported inclusion and exclusion criteria. However, we recommend the reviewers to look into the details inside the contents of each cited references as we rigorously did during the performance of this meta-analysis.

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3. Kim JY, Lee KS, Jung SM, Kim YH. Prognostic factors for successful percutaneous disc decompression using the navigable device L’DISQ™ in patients with lumbar discogenic pain. *Pain Physician* 2022; 25:E157-E164.