

CORRESPONDENCES

Bilateral laminotomy and laminectomy with fusion for lumbar stenosis

I read the recent report on lumbar spinal stenosis by Mahadewa *et al.* with great interest.¹ Mahadewa *et al.* concluded that “bilateral laminotomy and laminectomy with fusion are equally effective over a short follow up” and “bilateral laminotomy is a less invasive procedure.”¹ I like to make some comments on this work. Firstly, this study is a comparison between two unequal groups, with possibility of selection bias. Chen *et al.* noted that “surgical management of lumbar spinal stenosis varies with respect to timing and type of surgery provided.”² Also, the authors report only the effectiveness. They did not take into account the other important considerations such as convenience in surgical operation, cost effectiveness, as well as the patient’s acceptance. Since the authors mentioned that bilateral laminotomy is less invasive than laminectomy with fusion¹, can this still mean equal acceptability of the two approaches?

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RESPONSE

Bilateral laminotomy is preferred for lumbar stenosis if radiculopathy is the main symptom

We would like to thank Dr. Viroj Wiwanitkit¹ for his interest and comments on our study comparing bilateral laminotomy and laminectomy with fusion for lumbar stenosis.²

We agree with Wiwanitkit’s comments¹ that the two study groups were not equal, in that bilateral laminotomy were performed on patient who had mainly radiculopathy, whereas those with laminectomy and fusion were patients with mainly low back pain, spondylolysis, previous surgery, instability including slippage, and local kyphosis. However, the two groups were similar in gender, age, preoperative pain and function as measured Visual Analogue Scale (VAS), Neurogenic Claudification Outcome Score (NCOS) and Oswestry Disability (ODI) scores.²

As mentioned by Wiwanitkit¹, bilateral laminotomy would be of lower cost, as no implant is used. We have in the article also commented that bilateral laminotomy is less invasive.² Since the outcome of the two procedures are comparable, it thus appear that bilateral laminotomy is a preferred procedure particularly if radiculopathy is the main symptom.

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