Thoracolumbar fractures

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Dear sir,

Steib et al. reported about 70 thoracolumbar fracture patients treated by “in situ contouring” method [2]. All of the patients underwent posterior fixation and fusion. Thirty-eight patients underwent anterior interbody grafting. They concluded that the clinical outcome was good and seemed to be better in cases of double approach.

The treatment of thoracolumbar fractures is quite controversial. There are four operative methods which have been mainly reported in the literature [3]: posterior short-segment (PS), posterior long-segment (PL), anterior (A), and anterior combined with posterior techniques. For most patients included in the current paper, many doctors might choose a nonoperative method or PS. The authors challenged the well-accepted indication for TL fractures [1]. The authors’ idea is enlightened. However, we have some troubles in understanding the paper thoroughly.

Firstly, the patients group. The authors indicated (Patients and methods line three): “they all suffered from true traumatic fractures as secondary fractures (osteoporosis, tumors...) follow a different therapeutical protocol”. What did it mean? Was there any patient who suffered from osteoporosis or tumor? In the context, we think there wouldn’t be any. However, this sentence is confusing.

Secondly, the segments of fusion. As far as the posterior approach was concerned, how many segments did the authors fuse in the patients? Did they perform fusion only

between the pedicle screws as a “rod long, fuse short” method or perform fusion throughout the instrument?

Thirdly, anterior grafting. The authors performed an anterior grafting in a very skilful method and very short time, (50–150 mn). As the authors indicated: “the fracture level was most often grafted (upper endplate of the injured vertebra). In the fractures with frontal vertical line, the overlying and underlying levels were grafted.” We wonder whether the vertebrectomy was performed. Many of the anterior graftings were performed rather late, we think it maybe difficult to do the operation. Or was discectomy and intervertebral fusion only performed? However, figure 7 did not indicate that case. We think it will be helpful if the authors described the grafting method in detail.

Fourthly, there are lots of mistakes in the table index in the text. Page 1824, right column: line two, “table 1” should be “table 2”; line six, “table 1” should be “table 3”; line 14, “table 2, fig. 1” should be “table 4, fig 1”; line 33, “table 1” should be “table 5”. Page 1826, left column: last line, “table 3” should be “table 6”? Page 1826, right column: line 7, “table 4” cannot be addressed.

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An answer on this letter to the editor is available at
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