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Contributing factors affecting the prognosis of surgical outcome for thoracic OLF (S.-U. Kuh et al.)

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Thoracic ossification of ligamentum flavum (OLF) is probably a very rare condition in the non-Asian population, indeed also relatively rare even in the Asian population when compared to ossification of the posterior longitudinal ligament. For this reason, this study is one of the few studies in the literature that could compile a substantial number of cases for the analysis of prognosis and outcome of surgery. Based on this, authors have attempted to identify factors that may be important contributors to the prognosis after surgical treatment.

They have concluded that a relatively short period after the onset of symptoms, single level lesions and unilateral type of lesions are associated with a favorable outcome, whereas beak-type lesions and signal changes in the spinal cord as seen on T2-weighted MRI are indicators of poor prognosis.

Apparently, these conclusions do make sense. If one did not have a data set and was asked for possible prognostic factors, the intuitive outcome would have been pretty much the same. However, we have a different situation here and I would recommend the readers of this manuscript to exercise caution in adapting the presented conclusions as practice guidelines. Let me state my reasons:

1. If the aim of the study is to analyze prognostic factors of

outcome, we have to predict that some or even the majority of these factors would be interrelated. A good example is the association of MRI signal changes with the beak-type of lesion in this study. As can be seen, both beak-type lesions presented here were associated with MRI changes. Because of this and possible other co-variances, prognostic factors should have been analyzed using multivariate analysis.

2. Even when this principle is disregarded, the correct way to present conclusions should be to confine our claims to those supported by our statistical analysis. However, in this manuscript the authors could not identify one single prognostic factor supported by their statistics, yet did not refrain themselves from presenting the impressions they had from the data tables as "conclusions". The problem here is an apparent lack of statistical power and I would have appreciated if this was acknowledged and the results were presented in a more unassuming approach.

Therefore, although I do appreciate the authors' efforts in compiling this series, I do not think that any real prognostic factors in regards to the surgical outcome of OLF have been identified.

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