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REVIEWER'S COMMENT

Are intraoperative findings always true in anterior disc surgery?

The authors have concluded that MRI alone is not a very efficient diagnostic tool in distinguishing between soft and hard cervical disc lesions. I almost completely agree with their conclusion. Independent observations by three observers to assess intra- and interobserver errors are accepted as an accurate scientific method of assessment.

On the other hand, this study depends strongly on the intra-operative findings, which are considered as ab-

solutely true diagnoses. The surgeon in this study must be highly experienced in anterior cervical disc surgery. For all his careful observations, however, the intra-operative findings will be influenced by his own experience and may sometimes be affected by his subjective impressions. It is sometimes difficult for surgeons to identify correctly the pathological condition of spinal cord compression through an anterior approach. According to my experience of anterior cervical disc surgery, it is sometimes impossible to establish the cause of spinal cord compression during surgery, i.e. whether it is a bony spur or soft disc, especially in elderly patients. I have no intention of denying the value of this study, but doubts remain in my mind as to whether intraoperative findings can always be considered to be true.

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