Dieter Grob

Comment to “Posterior compact Cotrel-Dubousset instrumentation for occipitocervical, cervical and cervicothoracic fusion” by P. Koroivessis et al.

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D. Grob (✉)
Spine Unit and Department of Orthopaedics,
Schulthess Clinic,
Lengghalde 2, 8008 Zürich, Switzerland
e-mail: gro@kws.ch,
Tel.: +41-1-3857436, Fax: +41-1-3857576

The authors present a retrospective study of occipitocervical fusion with Cotrel Dubousset (CD) instrumentation in the cervical spine. They conclude that, based on their results in the cervical and cervicothoracic spine, the CD hook-rod instrumentation provided good clinical and radiological results. An excellent stability and significant correction of the sagittal alignment with a 100% fusion rate is reported. This retrospective study reviews the clinical and radiological results based on one operative technique with one specific implant. The weakness of the study is that there was no comparison group to validate the results, there was no prospective data collection nor was any information given about the status of the examiner (dependent, independent). In the evaluation criteria there is sparse information about patient satisfaction.

The lesson to be drawn from this paper is the individual experience

that individual surgeons accumulated with one specific implant. The considerable disadvantages of the implant (stainless steel, excessive fixation in monosegmental lesions, bulkiness, and others) raise the question of whether, with other available implants, similar or better (subjective) results could have been achieved. Nowadays, a whole variety of different sophisticated techniques and implants are available to achieve satisfactory clinical and radiological results in occipitocervical fusion. As spine surgeons, it is important to concentrate on indications, patient selection and optimal surgical technique, rather than to promote specific instrumentation.

In order to enlarge our knowledge and to improve our therapeutic modalities, prospective and comparative studies are indispensable. Studies like the present one should be classified as valuable and interesting personal experiences of the authors.