



Letter to the Editor

Letter to the editor: Cervical spondylotic myelopathy treated with laminectomy versus open-door laminoplasty

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We read with great interest the article by Dobran *et al.*^[1] comparing outcomes for cervical spondylotic myelopathy utilizing laminectomy versus open-door laminoplasty. We would like to highlight two important points, which the authors have not discussed in their study.

The authors entirely ignored facet distraction arthrodesis as a treatment for single- or multiple- level CSM, written by Goel, Goel, and Shah.^[2-4] Their alternative hypothesis was that it was not disc space reduction that contributed to CSM. Rather, the pathogenesis of CSM deterioration was attributed to telescoping of spinal segments and listhesis of the inferior facet of a cranial vertebra over the superior facet of caudal vertebrae, leading to vertical spinal instability. Further, buckling of the intervertebral ligaments, osteophyte formation, and the reduction of neural canal dimensions secondarily reduced the vertical height of multiple spinal segments. Hence, they promoted facet distraction without decompression to reverse the pathological findings of CSM, providing immediate postoperative symptomatic relief.

Notably, opponents of this theory state that “fixation only” does not immediately reverse neural canal compromise attributed to stenosis with ligamentous hypertrophy.

We have documented that plain open-door laminoplasty without any implant fixation adequately “keeps the door open” without necessitating expensive spinal implants. Once the lamina is open from one side, broken from the other side with the contralateral side sutured in place (i.e., simple silk sutures), the door typically does not go on to fully close.

CONCLUSION

More multicentric trials are needed to compare the efficacy with CSM of performing “fixation only” versus “fixation with decompression,” utilizing open-door laminoplasty technique with/without implants.

Declaration of patient consent

Patient’s consent not required as there are no patients in this study.

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Conflicts of interest

There are no conflicts of interest.

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