



## Retrospective analysis of accuracy and positive predictive value of preoperative lumbar MRI grading after successful outcome following outpatient endoscopic decompression for lumbar foraminal and lateral recess stenosis



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Dear Sir,

This article represents one of two transforaminal philosophies and techniques known as the out-side-in foraminal serial dilation technique of Thomas Hoogland, M.D. [1] versus the inside-out technique of Anthony Yeung, M.D [2–4]. The philosophies both end up targeting the pain generator from different technical approaches. Dr. Lewandrowski [5–9] adopted Hoogland's outside in technique to target the patho-anatomy through the superior foramen while Yeung chose and promoted his inside-out technique [2–4]. The ultimate conclusion complements each other.

The article appropriately concludes that relying on pre-operative MRI to provide information on the predictive value of the MRI in response to transforaminal decompression of the patho-anatomy in the extraforaminal lateral recess and subarticular foraminal recess leaves a gap in the diagnostic capability of the MRI to guide the endoscopic surgeon.

There are 17 symptomatic conditions [4] in the spinal segment from the central canal to the extraforaminal lateral recess that are not entirely appreciated by traditional spine surgeons who attempt to decompress the spinal segment but are lacking due to the dependence in indirect decompression and the lack of direct endoscopic visualization of the pain generator. Anthony Yeung [3,4,10,11] has published his findings and results in open access Journals and supports the publication of Dr. Lewandrowski's article.

### References

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