



Letter to the Editor concerning “Correlations between sedimentation sign, dural sac cross-sectional area, and clinical symptoms of degenerative lumbar spinal stenosis” by Sangbong Ko (Eur Spine J [2018] 27:1623–1628)

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Received: 15 July 2019 / Revised: 15 July 2019 / Accepted: 17 August 2019 / Published online: 24 August 2019
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Dear Editor,

With interest, we have read the article entitled “Correlations between sedimentation sign, dural sac cross-sectional area, and clinical symptoms of degenerative lumbar spinal stenosis” written by Sangbong Ko.

The author modified the classification of nerve root sedimentation sign (SedSign) and used it to correlate the dural sac cross-sectional area, and clinical symptoms of degenerative lumbar spinal stenosis. The author found “increasing severity of SedSign indicates progressively smaller dural sac CSA, but there is an inconsistent association with clinical symptoms. Therefore, it is not reasonable to suggest that spinal stenosis is severe in patients with severe symptoms.” We agree with this conclusion and believe that this modified classification of SedSign can better grade SedSign and guide surgical decision-making theoretically.

However, there was an obvious mistake in the paragraph one in the introduction section. The sentence “CSA < 100 cm² is clinically diagnosed as LSS.” is wrong. Based on the original definition of CSA by Chiaki Hamanishi, we know that the unit of CSA is mm² not cm². We do believe that it is a clerical error of the author, but we also believe this kind of error should not exist in the scientific article.

Compliance with ethical standards

Conflict of interest There was no conflict of interest.

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