

Letters to the Editor

Radiological follow-up after implanting cervical disc prosthesis in anterior discectomy: a systematic review. 18 (2018) 1678-1693 by Yang, et al.

To the Editor

Yang et al. in a recent issue of The Spine Journal presented an extensive, comprehensive, and long-overdue literature review and follow-up of patients who had undergone placement of a cervical prosthesis associated with anterior discectomy. This appears to be the first such paper to address heterotopic ossification (HO) in these patients and how this should be factored in when evaluating patients' postoperative symptom relief and adjacent level degeneration. They conclude that "although scarce and of very low evidence, it seems that HO occurs on average in 10% of cases (a very crude estimate)". They point out that only 7 studies addressed bridging bone (using grade 4 in the McAfee classification) but that all grades of HO range from 17.8% to 94.1% using other classifications. They conclude that radiologically, no firm conclusion can be drawn that implanting a prosthesis is superior to performing a fusion.

In 2016, I submitted a letter to Spine in response to two papers extolling the benefits of prosthetic surgery compared to classic anterior cervical fusion, both of which ignored

considering the fact that a grade 4 HO is essentially a fusion. The letter was accepted with a date for publication but later one reviewer opined it should not be accepted.

It is curious that after over 10 years of implanting prostheses no papers considered how the HO solid fusion patients influenced the reliability of their ultimate conclusions of symptom relief and decreased adjacent level degeneration. One would think that experienced authors aided by expert statisticians would long ago have made these adjustments. Most recent papers, especially meta-analyses, continue to include HO 4 cases in their conclusions which raise doubt about the validity and true benefit of this surgery. Sadly, it also raises questions about the motives of some reviewers who might have some form of secondary gain.

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