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Letter to the Editor

Less invasive surgery in idiopathic scoliosis: a case report

Dear Editor,

We would like to discuss on the publication entitled "Less invasive surgery in idiopathic scoliosis: a case report"[1]. In their good study, authors described a case report of a patient with adolescent idiopathic scoliosis treated by minimally invasive posterior pedicle screw instrumentation. Honestly the objective of the study is noteworthy and we have some questions for authors:

1. They said; "Surgical correction by posterior traditional open approach instrumented arthrodesis requires a long intervention under continuous monitoring of the motor and sensory potentials, lasting from 3 to 5 hours, depending on curve severity, patient BMI and fusion area" at introduction section[1]. Have the authors employed SSEP and transcranial MEP at all their spinal operations?
2. Some authors emphasized; longitudinal follow-up to skeletal maturity has shown that osteopenia persists in over 80% of girls with AIS[2,3] and it can be correlated about hormonal and genetic differencies[4]. What is the authors' opinion about this issue? Have they make BMI for their patients before spinal operations?
3. We can't see any crossbridge implant between rods at patient's x rays. We think it can augment the fusion level. What is the authors' opinion about implantation?
4. Which classification system (King, Peking Union Medical College – PUMC, Lenke) generally did author use for provide guidance for their patients with AIS?

We appreciate the authors' comments on this concern.

Conflict of Interest

The Authors declare that there are no conflicts of interest.

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