Treatment of Acute Tuberculous Spondylitis by the Spinal Shortening Osteotomy: A Technical Notes and Case Illustrations

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Dear Sir,

I read with great interest the paper published in your journal entitled "Treatment of acute tuberculous spondylitis by the spinal shortening osteotomy: technical notes and case illustrations." by Chanplakorn et al. [1]. In this paper the authors reported: "However, to the best of our knowledge, there is no report on spinal shortening osteotomy as a surgical treatment for the active disease stage of tuberculous spondylitis without a severe rigid angular kyphotic deformity" [1]. I am sending you this letter in order to clarify that the first research work reporting single stage posterior debridement of active spinal infections with anterior reconstruction performed by limited spinal shortening was completed by me in 2006 [2]. Within the paper I published my first experience with posterior single stage debridement and fusion for thoracic and lumbar spine infections in 12 patients. In 5 out of 12 patients, anterior reconstruction was performed utilizing limited spinal shortening (2 in the thoracic spine and 3 in the lumbar spine). In my study, Fig. 1 demonstrated a case of tuberculous (TB) spondylitis of the thoracic spine (Th8-9) similar to the cases presented by Chanplakorn et al. and the anterior defect was reconstructed through limited spinal shortening [2]. In SICOT 2011 XXV Triennial World Congress, held during September 6-9, 2011 in Prague, Czech Republic, I reported my experience in 10 patients of infections of the thoracic spine treated by the same

technique with anterior reconstruction done in all cases by spinal shortening (abstract number 29530). The age of the patients ranged between 35 and 71 years with a mean age of 56.5 years. Causative organisms were TB in 8 patients, Staph aureus in 1 patient and bacteriologic testing of intra-operative samples did not find germs in 1 patient. The mean follow-up was 30.7 months (range, 5 to 80 months). Seven patients demonstrated neurological improvement. Two complications were encountered; kyphosis progression and temporary neurological deterioration [3].

REFERENCES

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