Letter to the editor

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Published online: 12 May 2011
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To the Editor,

As a proponent of vertebral augmentation for appropriate patients, I read the “Perspective article”, “Vertebroplasty: Where Do We Go From Here” [1], with interest, hoping to obtain a better understanding of current thinking on this procedure within the framework of past literature, especially those papers that, through sham procedures, cast doubt on the effectiveness of vertebroplasty. Previous reports from Ioannidis have indicated that most published research findings are false, with significant levels of contradiction even in highly cited studies [2, 3], so it is appropriate to challenge disputed literature as part of the scientific process, but with scientific impartiality. Instead, this author’s perspective is openly and consistently biased in the affirmative throughout. Phrases such as “vertebroplasty has been a remarkable success story,” “soon being used to solve a variety of spinal problems”, “applied to the solution,” and “until the advent of vertebroplasty, osteoporotic compression fractures often proved to be a difficult therapeutic challenge” are all statements of positive opinion, without citation, within the first 20 lines of the article. In the final paragraph, the most direct projection of bias is found in the statement “a large randomized study...

will need to be conducted to once and for all disprove the two papers by Kallmes et al. and Buchbinder et al.” It seems the outcome of this study has been decided; it remains only to construct the appropriate study protocol to insure the result.

There exists widespread opinion and experience that vertebroplasty is a useful procedure in the management of pain relating to the presence of vertebral compression fracture. Clearly the need exists for further impartial and unbiased scientific inquiry to substantiate this belief; such a study should seek to discover the effectiveness of vertebroplasty and the appropriate clinical settings where this occurs. Concerns regarding past methodology should be addressed while eliminating the intrusion of any possible investigational bias. Hopefully, such an investigation will be forthcoming, and clarify more specifically and clearly the true value of vertebroplasty for the treatment of osteoporotic fracture.

There was no conflict of interest statement for this article.

References

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