Letter to the Editor concerning “A less invasive surgical approach in the lumbar lateral recess stenosis: direct approach to the medial wall of the pedicle” (A. Colak et al., Eur Spine J (2008) 17:1745–1751)

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Dear Sir,

I have read the paper of Dr. Simsek which was published in European Spine Journal (2008) 17:1745–1751 and compliment the authors on preparing this publication.

In the discussion on p 1750 the problem is addressed of determining the degree of facetectomy required for relief of the lateral spinal stenosis, and it is stated that no satisfactory guideline has been established.

However, when responding to the question “How do you know that decompression is complete?” I submit that there are two clinical observations that can be made during surgery.

The first is that in the early stages of its exposure in the stenotic canal, the nerve root is extremely sensitive and, when touched with a blunt probe, it will cause the leg on the affected side to go into a vigorous spasm.

The second observation is that, as the stenosis is finally relieved, the collapsed perineural veins refill rapidly, and within minutes of this perineural vein refilling, manipulation of the nerve root no longer elicits vigorous muscular contractions in the leg.

To the question as to how one knows that the decompression is complete, the answer is that when the surgeon observes the dramatic rapid refilling of the perineural veins on the posterior surface of the exposed nerve root and the nerve root loses its extreme sensitivity [1].

In addition, I will mail you a copy of a CD film I prepared on Techniques of Lumbar Canal Decompression, which complements this current paper in the European Spine Journal and deals with the surgical techniques for the relief of lumbar spinal canal stenosis [2].

I hope you will find it of interest.

References

1. Crock HV (1981) Normal and pathological anatomy of the lumbar spine nerve root canals. *J Bone Joint Surg* 63B:487–490
2. Crock HV, Crock MC (2000) Decompressions of the sublamina central canal, bilateral foramina and nerve root canals. In: Gunzburg R, Szpalski M (eds) *Lumbar spinal stenosis*. Lippincott Williams & Wilkins, Philadelphia, pp 199–205

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