Letter to the Editor regarding the article “Mini-open lateral retroperitoneal lumbar spine approach using psoas muscle retraction technique. Technical report and initial results on six patients” by K. Aghayev and F.D. Vrionis: Eur Spine J, 2013. 22(9):p. 2113–9

Christoph Mehren · Christoph J. Siepe

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“Innovation” is defined as a new original method or idea, which has the potential to modify established routines and common practice treatments for the improvement and advancement of medical care. It was therefore with a certain degree of astonishment that we discovered the above mentioned manuscript in the ‘*Ideas and Technical Innovation*’ section of the journal [1]. After correlating the manuscript’s content with widely accepted knowledge, expertise and standards of patient care that have already been established for many years, we were not able to discover/confirm the existence of any innovative techniques in the article in question. The first description of this minimally invasive access to the lumbar spine via an anterior retroperitoneal, psoas muscle retracting approach was published by Mayer [2, 3] a number of years prior to the introduction of the XLIF approach. The technical details and the clinical results of this approach have been previously described in detail and do not differ from the surgical procedure as outlined in the article.

The philosophy and concept of the retroperitoneal anterolateral approach to the lumbar spine (MiniALIF) have been established as common practice in our daily routine for over 15 years. The authors pointed out that by means of this “new” approach, laborious neuromonitoring can possibly be avoided. We strongly support this notion as this technique avoids encounter with any relevant exposure

of the lumbar plexus. Finally, we concur with the notion that the currently described technique is still considered as a “reliable technique for lateral access to the lumbar spine”.

In summary, we agree with the author’s interpretation that, to date, the anterolateral “Mini-ALIF” approach still represents a viable and attractive, minimally invasive approach to the anterior spine, which offers treatment options for a variety of different pathologies. A referral to this technique as “innovative”, however, almost two decades after its introduction by the real pioneers of the anterior, minimally invasive approach should be reconsidered.

Conflict of interest None.

References

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C. Mehren (✉) · C. J. Siepe
Schön Klinik München Harlaching, Spine Center,
Munich, Germany
e-mail: cmehren@schoen-kliniken.de