

## Authors' reply to the Letter to the Editor of M. Melloh et al. concerning "Relationship between sedimentation sign and morphological grade in symptomatic lumbar spinal stenosis" (by PA Laudato et al. (2015) *Eur Spine J*; 24(10):2264–2268)

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We thank the authors for their thoughtful remarks on our paper [1]. It is true that we did not report, in that particular study, our surgical results. In our previous publication on the morphological grade (which included some of the surgical patients recorded in our latest study), we did report on clinical results and did not observe a relation between degree of stenosis and clinical result measured using the Oswestry Disability Index (ODI) [2]. Nevertheless, average ODI improved from 49 to 29 % after surgery in the surgical group. Admittedly, ODI is not disease-specific, and this might be one of the reasons behind the observed lack of relation. Although a binary tool would be attractive in decision-making, clearly, this would be difficult in clinical practice. For instance, a patient with typical symptoms of lumbar spinal stenosis (LSS) and extreme stenosis on MRI (i.e., a dural sac cross-sectional area <75 mm and a morphological stenosis of grade D) could be denied surgery solely because the sedimentation sign (SedSign) is negative. Yet in our surgical subgroup, nearly a quarter of such patients had a negative SedSign [1]. It would be interesting, indeed, to see if any unsatisfactory results were observed in this subgroup of patients, and this could be the topic of a further study. It is quite likely that not a single diagnostic test will allow deciding who might be a good surgical candidate. Personalised medicine is becoming increasingly

popular, and it might be that the same surgical formula will not be applicable to all patients with similar symptoms and clinical signs. Surgical outcome in spine surgery depends on a variety of factors, with psychosocial parameters playing, undoubtedly, an important role [3]. It could be that such parameters will ultimately influence our decision-making more than clinical tests.

**Compliance with ethical standards**

**Conflict of interest** None.

### References

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