

Letter to the Editor concerning “Risk of revision surgery for adult idiopathic scoliosis: a survival analysis of 517 cases over 25 years” by G. Riouallon et al. (Eur Spine J; 2016;25(8):2527–2534)

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Dear Editor,

We read with great interest the article by Riouallon et al. [1]. We congratulate the authors for the long-term (25 years) idiopathic scoliosis survival study.

However, we would like to address some points that merit more attention.

While in their introduction the authors seem to imply that there are no previous adult deformity survival studies, another previous adult scoliosis survival study is cited in their references [2]. Moreover, we believe relevant published work providing adult scoliosis surgery survival has not been cited by the authors [3].

Although the authors conclude that “the risk of revision surgery is high following surgery for adult scoliosis, and is 18 % after 10 years”, this study includes a number of patients who underwent index surgery for adolescent idiopathic scoliosis (range of age 15.2–83.5). Hence, conclusions should be reached regarding idiopathic scoliosis surgery survival instead of adult idiopathic scoliosis survival. Bearing in mind this wide range of age, we cannot help but find the title of the article “Risk of revision surgery for adult idiopathic scoliosis” misleading. We think that to avoid confusion, or misinterpretation, the inclusion of patients operated on idiopathic adolescent scoliosis

should have been specified in the title and text; otherwise, many readers may have assumed that only patients whose index surgery was performed in adult age were included for this study.

Compliance with ethical standards

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