Answer to the Letter to the Editor of Yin Mengchen et al. concerning “The Haleem–Botchu classification: a novel CT-based classification for lumbar foraminal stenosis” by Haleem S et al. [Eur Spine J (2020): DOI 10.1007/s00586-020-06656-5]

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To the Editor,

We thank the authors for their interest in our article [1].

As per our grading, Grades 1 and 2 do not have nerve distortion but only fat compression on one or both planes. Our assessment was based on both soft tissue and bone windows of the CT. A standardised department protocol (window settings and slice thickness) could reduce discrepancies of grading [2]. Using both window settings prior to a final decision on grading should reduce any margin for error and also enhance reliability.

Lumbar foraminal stenosis (LFS) is primarily a degenerative condition of the older population. Our patient cohort were above 60 years at presentation. Our classification, however, based on our criteria is applicable to all age groups as it is intended to be utilisable in a wide range of people.

Our article did not study clinical correlation as one of its objectives; however, this aspect has been reported by Park et al. [3]. They reported that gradings of the Lee and Wildermuth systems were good for clinical evaluation [4, 5]. Our CT-based classification includes both fat compression and nerve root distortion and should therefore correlate well in clinical evaluation in future studies.

We thank you again for your interest in our article and hope that it will be beneficial to both patients and clinicians.

With best wishes,
S Haleem and R Botchu

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