Reply to the Letter to the Editor

Reply to the Letter to the Editor: Does Degenerative Lumbar Spine Disease Influence Femoroacetabular Flexion in Patients Undergoing Total Hip Arthroplasty?

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To the Editor

We would like to thank Lan and colleagues for their comments. They correctly highlighted a number of studies suggesting that spinopelvic alignment may become an important consideration for both spine and arthroplasty surgeons, particularly in patients that have both degenerative disc disease

and hip osteoarthritis. While we considered pelvic incidence values in the patients included in our study, we did not incorporate this information because we wanted to focus on spinopelvic alignment in functional positions such as standing and sitting. Since pelvic incidence is not affected by posture, we relied on sacral slope as a measure of the change in pelvic orientation that occurs when moving from the standing to sitting position. We agree that pelvic incidence and other global sagittal parameters may be an important consideration, and we will consider its inclusion in future studies.

We also agree with authors of the letter that MRI is the gold standard for evaluating lumbar disc degeneration (LDD). We did not collect MRIs for our patients because such imaging is not routine for hip arthroplasty patients. We proposed a relatively simple way of assessing LDD on plain radiographs and its effect upon the standing and sitting changes which we observed. Some patients in our study had no radiographic signs of spine arthrosis, but still had limited spine flexion. In the future, we may order MRIs for these patients to further evaluate the spine and consider why these patients have limited spine mobility.

(RE: Esposito CI, Miller TT, Kim HJ, Barlow BT, Wright TM, Padgett DE, Jerabek SA, Mayman DJ. Does Degenerative Lumbar Spine Disease Influence Femoroacetabular Flexion in Patients Undergoing Total Hip Arthroplasty? *Clin Orthop Relat Res*.

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