Letter to the Editor

Letter to the Editor: The Oblique Anterolateral Approach to the Lumbar Spine Provides Access to the Lumbar Spine With Few Early Complications

Shanming Chen MD, Lin Cai MD

To the Editor,

We read the article by Mehren and colleagues [2] with great interest. In their study, the authors found that the risk of vascular complications after oblique lumbar interbody fusion is lower compared to the reported risk for anterior midline approaches. Additionally, the

risk of neurologic complications after oblique lumbar interbody fusion is lower than what has previously been reported using the extreme lateral transposas approach.

The study observed five superficial (0.62%) and six deep (0.74%) hematomas [2]. Still, questions remain. We do not know the levels assigned to risk of retroperitoneal hematoma and infection. Additionally, we were curious as to why the transmuscular approach may have a slight increase of postoperative retroperitoneal hematoma [1].

In their study, the authors suggest that the oblique psoas-sparing approach is lower than the risk of vascular complications with the midline approach, which ranges from 1.9% to 15% [2]. This is likely due to use of access lateral to the abdominal vessels

with the oblique psoas-sparing approach. All three vessel lacerations in the series involved the L4–L5 segment, and the authors recommend careful and meticulous preparation and more posterior dissection of the anterior border of the psoas muscle [2]. We agree with the authors that there is no relationship between the risk of vascular complications and the oblique psoas-sparing approach [3].

References

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S. Chen MD, L. Cai MD (✉)
Department of Orthopaedics, Wuhan University Zhongnan Hospital, Donghu Road 169, Wuhan, Hubei, People's Republic of China
e-mail: zck2011@163.com