



Editorial



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See the article “Surgical and Functional Outcomes of Expansive Open-Door Laminoplasty for Patients With Mild Kyphotic Cervical Alignment” via <https://doi.org/10.14245/ns.2142792.396>.



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Commentary on “Surgical and Functional Outcomes of Expansive Open-Door Laminoplasty for Patients With Mild Kyphotic Cervical Alignment”

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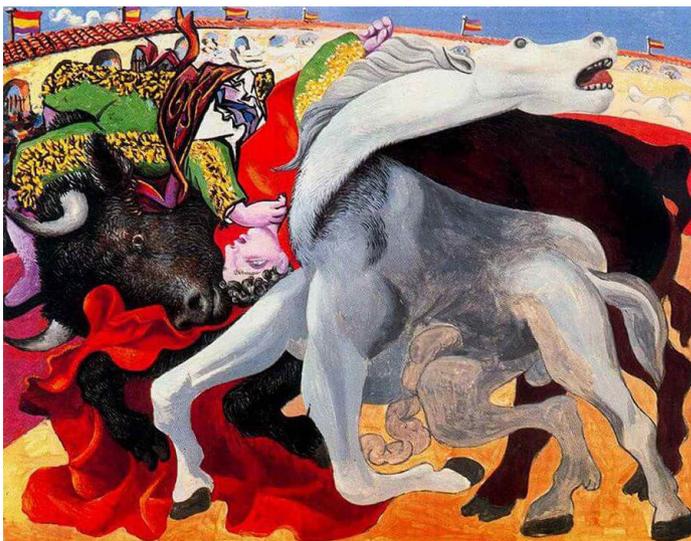
I read the article titled “Surgical and functional outcomes of expansive open-door laminoplasty for patients with mild kyphotic cervical alignment”¹ with interest that raised questions about the preoperative kyphotic alignment, which is a contraindication to laminoplasty. In the World Federation of Neurosurgical Society (WFNS) recommendation, preoperative straight or lordotic alignment is the candidate for laminoplasty, and anterior cervical discectomy and fusion (ACDF) or laminectomy and posterior fusion are recommended for kyphotic alignment for cervical spondylotic myelopathy (CSM).²⁻⁶ However, ACDF and posterior fusion are expected to have high complications in elderly patients with poor bone quality.^{7,8} Clinically, there was a demand to expand laminoplasty to broader indications, such as mild kyphotic alignment. I read impressively the results of over 14 years of laminoplasty from the author's institution. They reported no significant differences in the final average recovery rates among those with different preoperative alignments in the CSM group, but patients with preoperative kyphosis in the OPLL (ossification of the posterior longitudinal ligament) group had much lower recovery rates than those with lordotic and straight alignments although statistical significance was not detected due to the small sample size.⁹ However, in this study, the authors could find the efficacy of laminoplasty on mild kyphotic alignment in more cases. Recently, many dynamic concepts, not static concepts, have been presented in laminoplasty studies.^{10,11} Now, we need to develop an extended indication that can be safely applied laminoplasty to more patients, rather than simply limiting mild kyphotic alignment as a contraindication. Dr Nagoshi and colleagues¹ well explained the tendency of mild kyphosis patients to change to a lordotic curve after laminoplasty and relatively good clinical results. These results may provide more options for the treatment of elderly osteoporotic and mild kyphosis patients. Lastly, as in the author's conclusion, I fully agree with the phrase “laminoplasty is not all possible in mild kyphotic alignment patients.” We still need to pay attention to the severe postoperative kyphotic alignment that occurs after laminoplasty and make efforts to find an appropriate indication.

CONFLICT OF INTEREST

The author has nothing to disclose.

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