

**Letter to the Editor regarding: "Surgical Outcomes Following Laminectomy with Fusion versus Laminectomy Alone in Patients with Degenerative Cervical Myelopathy" by Kotter et al.**

Ravindran Visagan BSc(Hons), MRCS(Eng), PGCert(ClinEd), FHEA, Gordan Grahovac MD, PhD

King's College Hospital NHS Foundation Trust LONDON, London, United Kingdom.

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**To the Editor,**

We read with interest Dr Kotter and colleagues' paper on laminectomy with fusion vs. laminectomy alone for degenerative cervical myelopathy (DCM) [1]. We commend their use of a multi-centre database with validated outcome measures. Overall, they support a rationale for laminectomy plus fusion for DCM rather than laminectomy alone.

We emphasise caution in the interpretation of their findings. DCM patients are a heterogenous group subject to multiple confounding variables with only 22 patients in the laminectomy group vs. 186 in the laminectomy and fusion group. Thus, findings are not generalisable with no power calculations to detect a proportional statistical difference. Broad inclusion criteria limit generalisability with no information on symptom duration, radiological cord compression and extent of cervical deformity. There are few baseline variables for a multi-centre study, omission of systemic confounding variables, no data on centre case volume and stratification. Significant selection bias exists secondary to approach, number of levels and the decision to fuse varying hugely amongst the surgical community. Only a standardised RCT can truly address this question.

Ultimately, one cannot infer based on the presented difference in outcome measures is secondary to "impeding dynamic movement of the spinal cord" in patients undergoing fusion.

**Reference:**

[1]. Kotter MRN, Tetreault L, Badhiwala JH, et al. Surgical Outcomes Following Laminectomy with Fusion versus Laminectomy Alone in Patients with Degenerative Cervical Myelopathy. Spine. 2020 Sep. DOI: 10.1097/brs.0000000000003677.