Letters to the Editor

Laminoplasty for patients aged 75 years or older with cervical myelopathy

To the Editor:
We read with interest the article by Ishii et al.1 To enable a better comparison with other studies and to indicate the true effect of surgery, the authors should have commented on the duration of symptoms and its correlation with outcomes. Patients who had a shorter duration of symptoms and milder myelopathy were reported to have significantly better postoperative neurological improvement based on the Japanese Orthopaedic Association (JOA) scoring system.2 Consistent with this finding, surgical outcomes and duration of symptoms were also reported to be correlated.3

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REFERENCES

Authors’ reply:

Age,1 duration of symptoms,2 severity of myelopathy,3 cervical alignment,4 and spinal cord signal change on magnetic resonance images5 have been reported to be prognostic. We only focused on age and postoperative clinical features to determine if surgery was justified. We could not investigate other prognostic factors from our data.

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REFERENCES
The use of qualitative cultures for detecting infection in open tibial fractures

To the Editor:
We read with interest the article by D’Souza et al. We are concerned with a statement in the conclusion that “There is no correlation between the development of infection in open fractures with... the interval between injury and debridement.” This may be due to a small sample size (a type-II error). There is evidence that early debridement significantly reduces the rate of infection in open fractures and improves outcomes. In our institutions, patients

REFERENCES

Authors’ reply:
We agree that early debridement reduces infection rate. In our series, because of unequal distribution and small number of cases, no significant correlation was noted between the time of injury, debridement, and outcome. Nonetheless, the association of infection was higher in pre- than post-debridement cultures.

Authors’ reply:
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