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LETTER TO THE EDITOR

Letter to the Editor concerning "Clival screw and plate fixation by the transoral approach for the craniovertebral junction: a CT-based feasibility study" by Lin J, Kong G, Xu X, Liu Q, Huang Z, Zhu Q, Ji W (Eur Spine J. 2019; https://doi.org/10.1007/s00586-019-06039-5)

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I read the above-mentioned article with interest. The authors mention that they have 'invented' the technique of deployment of clival screws and plate that they place in the craniovertebral junction by transoral surgical route. Accordingly, the study aims to evaluate the anatomic parameters for feasibility of clivus screw and plate placement.

I believe that before making sweeping statements, the authors should have carefully reviewed the literature. In the year 1994, we described transoral plate and screw fixation [1]. We fixed the cranial end of the plate to clivus and cervical end into the body of C3 vertebral. We performed such fixation after transoral decompression and resection of the odontoid process. We believe that our article was the first in the literature that discussed implantation of screws in clivus and such a technique of occipitocervical fixation. Subsequently, over the several years, as our techniques of posterior atlantoaxial fixation [2] and atlantoaxial facetal distraction that leads to craniovertebral junction stabilization and realignment have standardized and our experience has increased, the need for both transoral decompression surgery and metal implantation for occipitocervical stabilization by this or by any other surgical route has been entirely abandoned [3]. Such transoral fixation may now be considered only in cases where a tumor resection has been achieved by transoral route.

References

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