

Review of: "Efficacy and radiographic analysis of oblique lumbar interbody fusion in treating adult spinal deformity"

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Today, ALIF, OLIF and XLIF should be part of a spinal surgeon's armamentarium who treats adult scoliosis. We also reported our experience in the surgical treatment of degenerative scoliosis in 2017 in the Eur. Spine J. (Ramieri et al, DOI 10.1007/s00586-017-5042-6) using XLIF and OLIF, obtaining excellent clinical and radiographic results and recommending these alternative procedures to PSO. However, our attention was focused on those deformities defined as "compensated" because they are more flexible and reducible, always considering posterior osteotomy of the vertebral body the only indication for very rigid unbalanced deformities, with an SVA greater than 5 cm. To reduce the risk of peri-operative complications, we prefer surgery in just two stages: the first anterior, planned on the basis of the preoperative neuro-radiological examinations, the surgical corridor available in relation to the course of the vessels and, not always but often, performed with an approach surgeon; the second posterior based on pedicle fixation and grade 2 osteotomies at the apex of the curve, deciding UIV and LIV after a new radiographic evaluation. We recorded a better coronal correction by XLIF, while the OLIF, also in L5-S1 and in relation to the resection of the ALL, was able to provide a greater lordosis.