

Review of: "Radiological parameters after LLIF for adjacent-level disease treatment"

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Potential competing interests: No potential competing interests to declare.

The authors investigated the radiological outcomes in patients underwent lateral lumbar interbody fusion to treat adjacent level disease after spinal fusion surgeries. They found that the patients had an average of 4.9 degrees segmental lordosis gain and average of 6.7 degrees lumbar lordosis correction.

The data is interested to spinal surgeons and neurosurgeons, as well as researchers in the field. I would like to recommend several considerations.

1. Could you show flow about number of cases met inclusion criteria, excluded with reason and examined finally?
2. Posterior spinal fusion and procedure of compression may be necessary to form a lordosis. Please describe whether posterior spinal fusion was performed or not. In addition, the lordosis gained after surgeries were larger in this series than in the cases of previous reports. Could you explain reason why was it different in change of lordosis between the current report and previous reports?
3. Could you described what position for X ray
4. Please delete the duplicate about Wang's reports in discussion section.