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Letter to the Editor

Three Cases are Insufficient to Hail Fully Endoscopic Interspinous Debridement as the Future Gold Standard Therapy of Baastrup's Disease

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Letter to the Editor

We read with interest the article by Kanda *et al.* regarding the effect of FEIC, a minimally invasive, fully endoscopic procedure, in three patients with lower back pain (LBP) caused by Baastrup's disease ^[1]. FEIC was performed on all three patients after an interspinous injection of local anaesthetics had provided pain relief ^[1]. At the twelve-month follow-up, LBP had completely resolved in two patients, while it had decreased to a VAS score of 2 in the third patient ^[1]. Although the study is informative, it warrants further discussion.

A first point is that the study design (case series) has certain limitations regarding its evidentiary value ^[2]. Case series lack a comparison group or a healthy control population, making it difficult to determine whether the outcome is attributable to the treatment or merely to chance ^[2]. Case series cannot establish a definitive causal link between treatment and outcome. Furthermore, the patients selected for the series might share specific characteristics or originate from a single specialized clinic, meaning they are not representative of the general population ^[2]. Publication bias is also a possibility, as the publication of spectacular, rare, or positive findings is often favoured over negative results. Due to the small, specific patient group, the findings cannot readily be generalized ^[2].

A second point is that the pain caused by Baastrup's disease is not solely characterized, as described in the introduction, by midline back pain that worsens with backward bending and improves with forward bending; it can also manifest in other ways ^[3]. Atypical pain radiating to the buttocks or legs may occur; this results from epidural fibrosis in the midline region or nerve compression caused by associated bursitis or cysts. In rare cases, these secondary complications can contribute to spinal stenosis, neurogenic claudication, and symptoms of cauda equina syndrome ^[3]. Did the three patients exhibit such additional manifestations?

A third point is that the conclusion that FEIC could become the future gold standard for treating Baastrup's disease not supported by the available data ^[1]. Before claiming that a treatment might become the gold standard, it must be compared with the current gold standard: conservative therapy, beginning with non-steroidal anti-inflammatory drugs (NSAIDs) and targeted physical therapy ^[4]. Physical therapy focuses on flexion, trunk stabilization, and postural correction exercises to reduce lumbar spine extension and alleviate pressure on the spinous processes. Additionally, patients are advised to avoid movements and sports that force spinal extension. Oral NSAIDs can help relieve initial pain and local inflammation. If these initial measures prove ineffective, fluoroscopically-guided interspinous steroid injections are considered the standard second-line therapy. Ultrasound- or fluoroscopy-guided injections of local anaesthetics and steroids directly into the interspinous bursa provide targeted relief for acute inflammation ^[4]. Surgical interventions are reserved for cases refractory to treatment ^[4]. In such instances, radiofrequency ablation to disable small nerve branches transmitting pain signals from the affected interspinous region, excision of the inflamed bursa between the bones, or partial resection or removal of the bone may be indicated to permanently eliminate the "kissing" contact between adjacent vertebrae.

A fourth point is that the tissue resected during the operation was not examined histologically ^[1]. To confirm the diagnosis, histologically demonstrable chronic inflammation as well as synovitis or bursitis in the interspinous ligaments should have been documented.

Finally, there was no report as to whether alternative causes for the LBP had actually been thoroughly ruled out. Likewise, there is no mention of whether conservative therapy was actually attempted for patients 1 and 3 and proved unsuccessful.

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