

Letter to the Editor

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Postoperative deterioration secondary to suboptimal cervical decompression

Re-aggravation of myelopathy due to intramedullary lesion with spinal cord enlargement after posterior decompression for cervical spondylotic myelopathy: serial magnetic resonance evaluation. H Nagashima, Y Morio and R Teshima, *Spinal Cord* 2002; **40**: 137–141.

Nagashima *et al* have addressed the possible causes for their patient with C3–4 spondylotic cord compression to have deteriorated postoperatively following initial clinical improvement. My review of their imaging studies reveals their patient to have been only decompressed from C3 to C7. It has been a consistent, basic tenet of neurosurgical

technique to decompress at least one and preferably two levels above and below a site of cord compression. In this instance no decompression was afforded above C3 level. Had, at the very least, C2 also been decompressed, to my thinking it is unlikely that the patient's cervical cord would have been further impacted, and adversely affected, following his mobilization.

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