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Paraplegia

Letter to the Editor

Dear Sir,

I was really quite surprised to see a paper by G. G. McBride in relationship to the use of Cotrel-Dubousset rods in spinal fractures (Paraplegia 1989 27:6, 440–449).

Cotrel-Dubousset apparatus was particularly designed for scoliosis and I regret very much that surgeons have seen fit to apply this apparatus to spinal fractures, particularly spinal fractures where it is well known that better results are achieved by short fusion masses rather than long fusion masses. This has been clearly demonstrated on a number of occasions.

Therefore, I hope, you will publish this letter in the Journal of Paraplegia for I believe the use of such systems should be kept for the purpose it was designed. If internal fixation is required in spinal fractures then there is no doubt that the new pedicular screw apparatus, of which there are 1 or 2 models available now, is a much better piece of equipment. All of the patients treated with long fusions show lack of mobility, lack of dexterity, and sportsmen have less chance of undertaking sport adequately—in fact, the operative procedure itself has a very major morbidity rate—all of which can be prevented by a much more conservative approach.

Technology seems to be running away with us and thus I voice my strong disapproval. The cost of the Cotrel-Dubousset rods, in itself, must be a strong deterrent in the use of such apparatus. All the application of these rods to spinal fractures will do is to give the apparatus a poor name for overall use when it is obviously of great use in some conditions such as collapsing scoliosis, scoliosis needing correction and in instances where long fusions are required.

I hope you will voice my disapproval in the Journal.

Sir George Bedbrook, OBE
13 Colin Grove
West Perth 6005
Western Australia

Reply from Dr G. Grady McBride

For a new device or procedure to be successful it must stand the test of time and criticism by others. However, I find that the comments by Sir George Bedbrook are unwarranted.

It is surprising that Sir George believes that the Cotrel-Dubousset system should not be used for fractures since it was originally designed for scoliosis. Previous spine fixation systems were designed for purposes other than fractures. The Harrington system was originally designed for scoliosis and the Steffee plate system for low lumbar fusions. The fact that those fixation systems were later adapted for fractures illustrates the fact that all forms of spinal instrumentation are attempting to control motion in three planes in order to obtain a solid fusion.

While I attempt to limit the number of levels fused for mid or low lumbar