

Correspondence-Efficacy of Platelet Rich Plasma Via Lumbar Epidural Route in Chronic Prolapsed Intervertebral Disc Patients-A Pilot Study

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The authors have used modified Oswestry Disability questionnaire [1]. However, there are numerous versions of Oswestry Disability Index (ODI) scores being used in current practice [2]. There is a version-2 by Medical research council group [3], a revised Oswestry Disability Questionnaire by chiropractic study group [4], modified ODI published by Fritz and Irrgang [5], American Academy of Orthopaedic Surgeons (AAOS) version [6], version by North American spine society [7].

It is not clear in the article which scoring system has been used.

Use of mODI score 1 hour after injection is questionable. Most of the questions in mODI questionnaire and its related versions deal with activities like travelling, social life, personal care (washing, dressing etc.), sleeping, sex life etc. These parameters will neither change within one hour nor it can be evaluated immediately 1 hour after intervention. For these the patient needs to be discharged and resume his activities in the community [2].

In the methodology, patients after discharge have been advised not to lift heavy weights, walk long distances and bend forward. However, the mODI and its other versions questionnaires specifically ask for lifting of heavy weights, walking to be quantified in miles. These sections in the scoring lose credibility if the patients have not done such activities (they would not be able to answer questions appropriately).

As per mODI and other versions scoring system-it is usually an even number obtained as percentage in scores. When an odd number is obtained as score-that means patients must have skipped one or more questions [6]. The clarifications regarding skipped questions are missing in the article, bringing the validity of the instrument used for assessment.

Visual Analog Scale (VAS) score has been used to quantify the pain intensity. However it is not clarified whether VAS of back pain or leg pain (radiculopathy) has been assessed in the study. Lumbar disc herniation is one of the most common spinal degenerative disorders. And it usually leads to a combination of discogenic lumbago and radicular leg pain [8].

Control group in study is not defined, had the control group been defined the strength of the study would have been increased. This is one of the major limitations of study.

The methodology does not specify whether the patients were given any analgesic after the intervention as these can influence pain score as well as MODQ scores, both of which are the primary outcome measures in the study.

Clarification regarding the data in the study would be welcome as there are multiple inconsistencies in the article as highlighted above.

That being said we congratulate the authors on analysis of this large sample study.

Note: Corresponding author of the above said article was contacted and no response was received even after multiple reminders. So, the letter is processed as received by the Journal.

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