



Guest Editorial

Which criterion guarantees successful cervical disc surgery? A report of a 20-year academic experience

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Cervical disc herniation is a common cervical spinal pathology that usually responds to conservative treatment. In <15% of the patients, surgical intervention may be necessary due to protrusion of the complaints, progressive motor weakness or occurrence of clinical symptoms of myelopathy. Among various orthopedic surgeries, cervical disc surgery is one of the best surgeries associated with great, successful, and satisfactory results.

As a rule of thumb, in every patient who is a candidate for spine surgery, the various forms of somatic symptom disorders (SSDs) should be vigorously ruled out. Fibromyalgia, illness anxiety disorder, conversion disorder, and other similar examples can perfectly imitate the symptoms of cervical disc disease. Apart from SSDs, other peripheral nerves compressive diseases such as carpal tunnel, ulnar tunnel, radial tunnel or thoracic outlet syndromes should also be considered. It should not be forgotten that both diseases may exist simultaneously in one patient.

As an important part of pre-operative assessment, other causes of paresthesia or muscle weakness such as vitamin B deficiency, chronic liver or kidney disease, drugs including chemotherapy agents, diabetes mellitus, chronic alcoholism, hypothyroidism, stroke or multiple sclerosis in some cases may somewhat imitate cervical disc disease.

If I want to be honest, I have to admit that as an academic surgeon and despite trying to consider all important aspects preoperatively, I had wrongly operated on one patient in my practice record with the initial diagnosis of cervical disc herniation that after the operation, her shingles skin rashes caused me deep shame. Shingles is truly a disease every spine surgeon should be aware of before performing cervical or lumbar disc surgery.

After choosing the right patient, the next step is choosing the right surgical technique the surgeon is familiar with. If experience and instruments permit, in the cases with lateral soft disc herniation, posterior foraminotomy, and discectomy are usually preferred to avoid any fusion or post-operative immobilization, but for other types of disc herniations, anterior cervical discectomy and fusion or disc arthroplasty are ideal.

Last but not least is the rule of confirmation. The only most important criterion that could guarantee a successful outcome in cervical disc surgery is the surgical technique correctly

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performed on the correctly selected patient, whose clinical and paraclinical findings are totally confirmatory and in the same direction. Any discrepancy between the two should act as a brake to delay or eliminate the surgeon's decision for surgery. The art of surgery in the hands of a surgeon is like a revolver in the hands of a policeman. It is not wise to quickly kill all the accused without proving the crime.

In conclusion, nothing but the God can guarantee the results of human surgery. Achieving satisfactory surgical outcomes is dependent on various factors that should be meticulously considered by the operating surgeon, pre-, intra-, and postoperatively. Paying attention to these apparently tiny details can exponentially improve surgical and clinical outcomes.

USE OF ARTIFICIAL INTELLIGENCE (AI)-ASSISTED TECHNOLOGY FOR MANUSCRIPT PREPARATION

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