A Systematic Analysis of Lumbar Interbody Fusion Terminology

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Introduction

- Lumbar interbody fusion (LIF) techniques have seen impressive innovation in recent years, leading to an expansion of the LIF lexicon to reference these techniques
- Spine surgery community currently lacks a systematized communication system for LIF terminology
- Newer LIF terms frequently offer a slight descriptive advantage compared to traditional nomenclature and create more ambiguity
 - E.g., Terms such as extreme (XLIF), oblique (OLIF), and direct (DLIF) lumbar interbody fusion are used more loosely and confuse surgeons and researchers.

Aim of study:

- Systematically analyze current LIF nomenclature in the literature to understand the current trends of LIF terminology and the degree of heterogeneity
- This study may lay the groundwork for future LIF reporting guidelines



Methods

- Comprehensive query conducted through PubMed database
 - Keyword combination: "lumbar fusion OR lumbar interbody fusion"
- Exclusion criteria:
 - Non-English articles or articles written before the year 2017
 - Non-LIF procedures (e.g., thoracic or cervical interbody fusions)
 - Generalized terminology lacking sufficient information on the surgical approach
 - LIF techniques that are no longer mainstream (i.e., axiaLIF, CoFlex)
 - Systematic reviews





Results by LIF approach

Results

- Transforaminal approaches were described in 25 unique ways
 - MIS/MI-TLIF (31.4%, 80/255) and Wilste TLIF (1%, 2/255) both reference a paramedian approach
- Lateral approaches had 18 unique terms with a high degree of redundancy
 - OLIF/oblique (44.5%, 53/119) and ATP-LLIF/anterior-to-psoas (3.4%, 4/119) both referenced the same technique
 - DLIF/direct (3.4%, 4/119), XLIF/extreme (15.1%, 18/119), and TP-LLIF/transpsoas (7.6%, 9/119) all referenced procedures with negligible differences
- Anterior approaches had the lowest heterogeneity with eight unique terms
- Lumbosacral fusions contained notable inconsistencies
 - LD-ALIF (lateral decubitus), ATP-LLIF, and OLIF were all used and defined differently for L5-S1 fusions



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Results

► Total of 42

Total of 42 unique prefixes/suffixes overlapped in their usage	Approach	Prefixes/Suffixes
	Minimally invasive	MI/minimally invasive (14.4%, 23/160)
		MIS/minimally invasive surgery (38.1%, 61/160)
		MISS/minimally invasive spinal surgery (0.6%, 1/160)
	Open	O/open (12.5%, 20/160)
		CO/conventional open (1.3%, 2/160)
		TO/traditional open (1.3%, 2/160)
	Endoscopic	Endo (0.6%, 1/160)
		Endoscopic-assisted (1.3%, 2/160)
		PE/percutaneous endoscopic (1.9%, 3/160)
	Robotic	Rom/robotic-assisted, minimally invasive (0.6%, 1/160)
		Robot (1.3%, 2/160)



Discussion

- ► To our knowledge, this is the first systematic review of LIF nomenclature
- This review showed a wide array of LIF terminology
 - 72 unique ways to describe LIF
 - 42 unique modifying prefixes/suffixes
- This review also revealed considerable redundancy among LIF terms with the following respectively referencing the same approach
 - 'OLIF', 'Pre psoas', and 'ATP'
 - 'DLIF', 'XLIF', and 'TP-LLIF'
 - 'MIS-TLIF', 'Wilste', and 'Paramedian-approach'

Limitations:

- Captured only Pub-Med-indexed research articles over the past five years
- There is likely unaccounted for LIF terminology, suggesting that the degree of LIF terms is more than reported in this review



Conclusion

- Current LIF nomenclature contains many unique terms that are inconsistently defined, redundant, or ambiguous
 - This may unintentionally hamper communication and risks diminished validity of future research
- Future Studies
 - A standardized reporting system for LIF could enhance communication in the spine surgery community
 - This study lays the groundwork for future development of LIF reporting guidelines



