Related to the development and diffusion of ALIF and XLIF, it is possible to correct sagittal malalignment in selected cases of lumbar degenerative discopathy with relatively low invasiveness. Still, the malposition or the inappropriate size of the implanted cages may lead to the subsidence of the vertebral endplates with loss of correction as well as a decrease in the potential to restore spinal biomechanics in the long run. The aim of a study of Tartara et al. was to evaluate the safety, feasibility, and preliminary clinical and radiological results when using custom-made, trabecular titanium cages in ALIF and XLIF procedures.

They prospectively evaluated 18 consecutive patients who underwent either an ALIF or an XLIF procedure with the implant of a custom-made, trabecular titanium cage for lumbar degenerative disease with sagittal imbalance, with a minimum of 1-year clinical and radiological follow-up.

After a mean follow-up of 14 months, the Oswestry score dropped to a mean of 13 from a preoperative value of 48 ($p < 0.0001$). Lumbar lordosis was significantly improved, especially in the lower lumbar segment L4-S1 ($+ 11 \pm 7°$; $p < 0.0001$). No cases of subsidence were noted.

Custom-made, trabecular titanium cages allowed a segmental, steady, durable sagittal correction via ALIF and XLIF approaches. The absence of cage subsidence at 1 year encourages further studies on a larger cohort with longer follow-up [1)].

1)
Tartara F, Bongetta D, Pilloni G, Colombo EV, Giombelli E. Custom-made trabecular titanium implants for the treatment of lumbar degenerative discopathy via ALIF/XLIF techniques: rationale for use and preliminary results. Eur Spine J. 2019 Nov 6. doi: 10.1007/s00586-019-06191-y. [Epub ahead of print] PubMed PMID: 31696335.

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