

Spondylodiscitis Endoscopic Treatment

Nowadays, endoscopic approaches are emerging as an alternative. However, until now, only small-scale studies exist. Being so, Abreu et al. carried out the first [systematic review](#) on spondylodiscitis endoscopic [debridement](#) indications, technique details, and outcomes.

Search for all English written original studies approaching the spondylodiscitis endoscopic treatment was performed using [PubMed](#) and [EBSCO](#) host. Preferred Reporting Items for Systematic Reviews and Meta-Analyses ([PRISMA](#)) guidelines were followed, and a pre-specified protocol was registered at PROSPERO (CRD42020183657).

Fourteen studies involving 342 participants were included for analysis. Data overall quality was fair. Indications for the endoscopic approach were poorly defined. The most consensual indication was refractory infection to [conservative treatment](#). [Spinal instability](#) or neurological deficits were common exclusion criteria. All authors described similar techniques, and despite the frequent severe co-morbidities, procedure morbidity was low. Re-interventions were common. [Microorganism](#) identification varied from 54.2 to 90.4%. Treatment failure among studies ranged from 0 to 33%. Pain, functional status, and neurological deficits had satisfactory improvement after procedures.

The endoscopic debridement of spondylodiscitis seems to be an effective and safe approach for refractory spondylodiscitis. A novel approach with initial endoscopic infection debulking and [antibiotic](#) therapy could improve the success of spondylodiscitis treatment ¹⁾.

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