

REFERENCES

1. Park CH, Lee KK, Lee SH. Efficacy of transforaminal laser annuloplasty versus intradiscal radiofrequency annuloplasty for discogenic low back pain. *Korean J Pain* 2019; 32: 113-9.
2. Fardon DF, Milette PC; Combined Task Forces of the North American Spine Society, American Society of Spine Radiology, and American Society of Neuroradiology. Nomenclature and classification of lumbar disc pathology. Recommendations of the Combined task Forces of the North American Spine Society, American Society of Spine Radiology, and American Society of Neuroradiology. *Spine (Phila Pa 1976)* 2001; 26: E93-113.
3. Fardon DF, Williams AL, Dohring EJ, Murtagh FR, Gabriel Rothman SL, Sze GK. Lumbar disc nomenclature: version 2.0: Recommendations of the combined task forces of the North American Spine Society, the American Society of Spine Radiology and the American Society of Neuroradiology. *Spine J* 2014; 14: 2525-45.

Author's reply

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I would like to thank Dr. Jo for his interest and concerns regarding the transforaminal epiduroscopic laser annuloplasty (TELA) *versus* intradiscal radiofrequency annuloplasty (IDRA) for patients with symptomatic lumbar discogenic low back pain. I read with interest the letter to the editor regarding our paper comparing TELA and IDRA for discogenic low back pain [1] and I would like to offer the following comments and observations.

1. It is very well known that that provocative discography is a very useful diagnostic tool for confirming the pathologic level for discogenic low back pain. In cases of multi-level annular tear lesions on magnetic resonance imaging, provocative discography was performed. Occasionally, in cases where a lesion was at one level and could be clearly seen, we skipped discography. Also, disc herniation was excluded, and internal disc disruption was included in our study.

2. TELA and percutaneous endoscopic lumbar discectomy (PELD) are completely different. The main focus of PELD is the removal or decompression of the herniated disc. On the other hand, TELA refers to equipment that is used to perform an annuloplasty. A TELA working sheath cannot be inserted into the disc to observe its interior like an endoscope. The intradiscal procedure (granu-

lation tissue removal) of TELA is performed under the C-arm. The PELD working sheath is placed half intradiscally and half epidurally. Both the intradiscal and extradiscal procedure are fully performed under endoscopic guidance. In addition, TELA uses a small working channel (outer diameter, 3.5 mm) compared with the PELD working sheath (more than 5 mm). Studies using percutaneous endoscopic annuloplasty (modified PELD) have been published [2,3]. This procedure is performed on the disc. A comparative study of the two procedure (TELA vs. PELD) is needed to examine complications, efficacy *etc*.

3. Normally, IDRA is performed under the C-arm. However, in our hospital, we have a LASE[®] kit (Clarus Medical LLC, Minneapolis, MN). So, we performed it under the C-arm and LASE[®] kit. Sometimes, we have used the epiduroscope.

4. The terminology is believed to require further discussion.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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REFERENCES

1. Park CH, Lee KK, Lee SH. Efficacy of transforaminal laser annuloplasty versus intradiscal radiofrequency annuloplasty for discogenic low back pain. Korean J Pain 2019; 32: 113-9.
2. Lee JH, Lee SH. Clinical efficacy and its prognostic factor of percutaneous endoscopic lumbar annuloplasty and nucleoplasty for the treatment of patients with discogenic low back pain. World Neurosurg 2017; 105: 832-40.
3. Lee SH, Kang HS. Percutaneous endoscopic laser annuloplasty for discogenic low back pain. World Neurosurg 2010; 73: 198-206.

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