

Decompression noninferior for degenerative spondylolisthesis

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(HealthDay)—For patients undergoing surgery for degenerative lumbar

spondylolisthesis, decompression alone is noninferior to decompression with instrumented fusion during a period of two years, according to a study published in the Aug. 5 issue of the *New England Journal of Medicine*.

Ivar M. Austevoll, M.D., Ph.D., from the Kysthospitalet in Hagevik in Bergen, Norway, and colleagues conducted an open-label, noninferiority trial among patients with symptomatic lumbar stenosis who had not responded to conservative management and who had single-level spondylolisthesis of 3 mm or more. Patients were randomly assigned to undergo [decompression](#) surgery alone or decompression surgery with instrumented fusion.

The researchers found that from baseline to two years, the mean change in the Oswestry Disability Index (ODI) score was -20.6 and -21.3 in the decompression-alone and fusion groups, respectively (mean difference, 0.7 ; 95 percent confidence interval, -2.8 to 4.3). In the modified intention-to-treat analysis, 71.4 percent of 133 patients in the decompression-alone group and 72.9 percent of 129 [patients](#) in the fusion group had a reduction of at least 30 percent in the ODI score (difference, -1.4 percentage points; 95 percent confidence interval, -12.2 to 9.4), demonstrating noninferiority. In the per-protocol analysis, 75.5 percent in each group had a reduction of at least 30 percent in the ODI score (difference, 0.0 percentage points; 95 percent confidence interval, -11.4 to 11.4), showing noninferiority. Reoperation occurred in 12.5 and 9.1 percent of the decompression-alone and fusion groups, respectively.

"Decompression alone was noninferior to decompression with instrumented [fusion](#) at two years of follow-up," the authors write.

"Reoperation occurred somewhat more often in the decompression-alone group."

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