

Answer to the Letter to the Editor of Benjamin John Floyd Dean entitled “Do these results apply to the ‘intervention naive’ patient?” concerning “Antibiotic treatment in patients with chronic low back pain and vertebral bone edema (Modic type 1 changes): a double-blind randomized controlled trial of efficacy” by Albert HB et al., Eur Spine J (2013) 22:697–707

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Thank you for your kind comments regarding our study.

We fully agree that patients who receive this antibiotic treatment should be carefully chosen.

In your letter, you urge caution due to the worry that the infection in the disc is due to previous surgery, local injections or epidurals. You propose that patients who have not had previous surgical procedures called “intervention naive” do not have infected disc and therefore should not be treated with antibiotics. However, as regards all of the patients in study [1], great care was taken to include “intervention naive” patients. As mentioned in the paper, none of the patients had undergone previous surgery; this includes any procedure where the skin has been penetrated by needles for injections, epidurals or regular surgery. Therefore, all the patients in the study were “intervention naive” yet 44 % were infected.

Furthermore, in the intervention study, roughly 50 % of the patients had undergone previous surgery; the other

50 % had no type of surgical intervention/injection/epidural and are therefore considered “intervention naive”. There was no difference in the outcomes between the two groups. If only the group that had been exposed to some type of surgery had been infected, it would only be this group that responded positively to the antibiotic treatment.

Conflict of interest None.

Reference

1. Albert HB, Sorensen JS, Christensen BS, Manniche C (2013) Antibiotic treatment in patients with chronic low back pain and vertebral bone edema (Modic type 1 changes): a double-blind randomized clinical controlled trial of efficacy. *Eur Spine J* 22(4):697–707

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