

Letter to the Editor

Pine-site myiasis: a rare complication of halo orthosis

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In a recent article in the journal *Spinal Cord* titled 'Pine-site myiasis: a rare complication of halo orthosis' (2005; 43: 684–686), Park *et al*¹ report on a case of a 39-year-old woman harbouring a comminuted C6–C7 facet–lamina fracture treated with a halo orthosis, which use was complicated by a *Diptera* larvae infection adjacent to the right posterior pin.

We read this article with interest as it reports, once again, on a very uncommon type of infection correlated to the use of halo, besides the 'proper' placement of the orthosis. It is with a certain surprise that we read that the authors continue today to use halo for trivial cervical lesions, despite the 6.6–36% rate of complications (pin-loosening, infection, pressure sores under the vest, nerve injury, dural penetration, dysphagia, dyspnea, scars, death from fall). In reality, the exact type of fracture in the described case is not illustrated with figures and, from the description, it seems that a simple collar (with a certainly lower rate of complications) could have been sufficient. Otherwise, a surgical treatment would have certainly been less traumatic and more efficacious than the application of halo.

It is since 2001 that we have dramatically lowered the use of halo orthosis in our department. In fact, besides the high rate of complications, it is certainly a very

painful and bothersome device, thus its use today must be considered obsolete. With the modern anaesthesiology, surgery is easily indicated to patients of all ages and the results are certainly more rewarding (less complications, less disalignment, less pseudoarthrosis). Whereas for low-cervical fractures the indications for halo should be totally abandoned, for craniocervical junction fractures, in the majority of the cases, a specific surgical treatment can be indicated. When a collar is not considered sufficient, halo orthosis, in our opinion, should be reserved only for seldom and specific cases with multilevel and/or complex fractures.

Dr Park was invited to respond, but felt that no further comment was necessary.

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References

- 1 Park P, Lodhia KR, Eden SV, Lewandrowski K-U, McGillicuddy JE. Pine-site myiasis: a rare complication of halo orthosis. *Spinal Cord* 2005; 43: 684–686.