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腰椎极外侧入路椎间融合术在腰椎融合术后邻近节段应用



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Title: Extreme lateral intervertebral fusion in treatment of adjacent segment deterioration after lumbar fusion: report of 9 cases

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摘要: 目的 探讨腰椎极外侧入路椎间融合术(extreme lateral intervertebral fusion, XLIF)在腰椎融合术后邻近节段病变中的初步应用,阐明该术式的可行性。方法 收集2010年7月至2013年6月,行腰椎后路减压植骨融合椎弓根内固定术21~119个月(平均47.3个月)后,出现融合相邻节段退变及对应的腰腿痛症状患者,采用

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腰椎极外侧入路椎间融合术治疗9例。其中,邻近节段病变发生在融合节段上方8例、下方1例;表现为腰椎间盘突出4例、腰椎管轻度狭窄2例、腰椎间盘突出合并腰椎管轻度狭窄2例、腰椎间盘突出合并腰椎退变性侧凸1例。根据手术前后腰痛视觉模拟评分(visual analog score, VAS)、腰椎日本骨科协会(Japanese Orthopedic Association, JOA)评分(29分法)判断手术效果。结果 对所有患者进行影像学检查,提示单节段邻近节段病变,行腰椎极外侧入路椎间融合术,手术时间(65.6 ± 15.0) min,出血量(27.8 ± 5.6) mL,术中无神经损伤、脑脊液漏的发生,住院(5.7 ± 1.1) d;末次随访腰痛视觉模拟VAS评分、腰椎JOA评分分别为 2.8 ± 1.9 、 23.5 ± 3.7 ,较术前(7.9 ± 2.7 、 13.0 ± 5.1)改善,差异有统计学意义($P < 0.05$)。结论 应用腰椎极外侧入路椎间融合术治疗腰椎融合术后邻近节段病变,手术损伤小、时间短、并发症少、术后恢复快,手术效果理想。

Abstract: Objective To investigate the extreme lateral interbody fusion (XLIF) in the application of adjacent segment disease after lumbar fusion. Methods Nine patients who had the adjacent segment degeneration and corresponding lumbocrural pain symptoms in 21 to 119 months (average 47.3 months) after posterior lumbar decompression and interbody fusion with pedicle fixation operation in our department from July 2010 to June 2013 were enrolled in this study. All of them were treated with XLIF. Among them, there were 8 cases with the adjacent segment disease occurring in above the fusion segment, and 1 case in below the fusion segment. Adjacent segment lumbar disc herniation was found in 4 cases, mild lumbar stenosis in 2 cases, lumbar disc herniation with mild lumbar stenosis in 2 cases, and lumbar disc herniation with degenerative lumbar scoliosis in 1 case. Lumbago visual analog score (VAS) and Japanese Orthopedic Association (JOA) score (29 points) were employed to judge the operation effect. Results Radiographic results showed that all these patients had single segment adjacent segment disease. Their average operative time was 65.6 ± 15.0 min, average blood loss was 27.8 ± 5.6 mL. No intraoperative nerve injury or cerebrospinal fluid leakage was found during the operation. The average hospital stay was 5.7 ± 1.1 d. At the last visit of follow-up, their VAS and lumbar JOA score were 2.8 ± 1.9 and 23.5 ± 3.7 , respectively, obviously improved when compared with the preoperative scores (7.9 ± 2.7 and 13.0 ± 5.1 , $P < 0.05$). Conclusion XLIF is an approach with little surgical trauma, short operative time, fewer complications, rapid postoperative recovery, and sound operation effect in the treatment of adjacent segment disease after lumbar fusion operation.

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