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Surgical outcome of posterior approach in patients with thoracic myelopathy due to disc herniation

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BACKGROUND AND AIM

We have developed a new posterior approach using a microscope in surgery for central or paracentral thoracic disc herniation with myelopathy. We report here the surgical procedure and clinical outcome.

METHODS AND MATERIALS

The present study includes 14 patients (8 males and 6 females, age 33-69 year old, 48.3 year old on average) with thoracic disc herniation whose extruded disc fragments were removed by posterior approach. The ipsilateral laminectomy was performed through unilateral approach. The inner side of the contralateral lamina was drilled due to moving the dural tube posteriorly.

The facetectomy made some space laterally and the posterolateral margins of the upper and lower vertebral bodies were exposed. Finally the extruded disc fragments were removed from lateral side using an air drill.

RESULTS

No major complications such as paralysis were observed.

The amounts of intraoperative bleeding were 113 ml on average and the duration of operation was 2 hours and 30 minutes on average. JOA score was improved from 6.1 to 8.3 and Hirabayashi's recovery rate was 64.1%.

CONCLUSIONS

The posterior approach using a surgical microscope is safe and effective because this method is less invasive and has little postoperative complications. ●

// About

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Taketoshi Kushida graduated in 1994 from Kansai Medical University (Japan) and completed his residency at Kansai Medical University from 1994 to 1996. He graduated in 2001 from Kansai Medical University, Graduated School of medicine (Japan). Since 2005, he is currently Assistant Professor at Kansai Medical University (Japan). He received several awards such as "The Medical Society of Kansai Medical University award" in 2002, "Japan College of Rheumatology (JCR) award" in 2009 and "Japan Society for the Study of Surgical Technique for Spine and Spinal Nerves (JPSSSTSS) award" in 2009. He is involved in several societies such as the Japanese Orthopaedic Association (JOA), Japan College of Rheumatology (JCR), Japan Society for the Study of Surgical Technique for Spine and Spinal Nerves (JPSSSTSS), the Japanese Society for Spinal Surgery and Related Research, Japanese Spinal Instrumentation Society, the Central Japan Association of Orthopaedic Surgery and Traumatology, and Japanese Society for Study of Bone and Joint Infection.