

METHOD OF SURGICAL TREATMENT CENTRAL INTERVERTEBRAL DISC HERNIATION OF THE LUMBAR PART.

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Abstract: Introduction. This article describes a new method for the treatment of central hernias of the lumbar spine in comparison with other methods of anterior and posterior decompression of the dural sac. Indications and contraindications for this method, advantages and disadvantages of existing methods in the treatment of spinal stenosis.

Key words: disc herniation, spine, decompression, stabilization.

Degenerative osteochondrosis of the lumbar spine, complicated

Based on radicular syndrome due to herniated intervertebral discs, according to JW Frymor [7], it accounts for 71–80% of all diseases of the peripheral nervous system. Thus, despite the improvement of surgical techniques, the treatment of intervertebral disc herniations remains a pressing problem.

But, despite the improvement of diagnostic methods and surgical treatment, most authors note successful results in only 68-86% [4, 5]. There are various approaches to surgical treatment of central herniated discs of the lumbar spine, but which method is preferable and produces fewer complications remains open. To date, several main directions of surgical treatment of lumbar discogenic pain syndromes have emerged:

- posterior decompression and stabilization operations;
- anterior decompressive and stabilizing operations;
- plastic percutaneous minimally invasive operations on the intervertebral on disks.

In neurosurgical practice, one of the most common interventions is are posterior decompressive operations, which differ in the volume of surgical access. Traditional removal of herniated intervertebral discs is accompanied by large trauma to soft tissues, ligaments, resection of arches or even articular processes, which significantly increases the length of hospital stay, leading to long-term rehabilitation and disability patients in 60-70% of cases [4].

Clinical example. Patient M., 38 years old, was admitted with complaints of severe pain in the lumbar spine with radiating pain along the outer surface of the left thigh, numbness, and atrophy of the limb. Leg pain has been bothering me for 5 years. Before admission to the clinic, the patient was repeatedly treated in a hospital setting with a conservative method, which gave a temporary effect.

On examination, there is slight kyphosis in the lumbar region, tension in the lumbar muscles, and decreased sensitivity along the outer surface of the lower leg and dorsum of the foot are noted. The tension symptom is sharply positive up to an angle of 40°. According to MRI data (Fig. 3): LIV-LV

intervertebral disc herniation up to 8 mm. Taking into account the data from preoperative spondylography, the patient was recommended and underwent a two-stage operation: transpedicular fixation

lumbar spine at the level of the LIV-LV vertebra along the posterior column, anterior decompression of the dural sac, removal of the LIV-LV disc herniation, interbody fusion with autologous bone from the iliac crest.

The advantage of this method is the following: the canal is not opened

neither behind nor in front, favorable conditions have been created for spinal fusion, restoration of the interbody space, and a short rehabilitation period. We performed operations only at one level, but if necessary, it is possible to use such operations at two or more levels. If there are problems in adjacent segments, then dynamic fixation is used if necessary. Considering that 90% of all hernias are subligamentous hernias, which are usually localized [3], the use of this method has not only practical, but also anatomical justification.

Contraindications for this method are sequestered hernias intervertebral discs into the spinal canal.

Conclusions: The use of the developed method of access to the spinal canal during surgery using interbody fusion with a rigid interspinous implant made it possible to achieve "excellent and good" postoperative results with the following initial biometric parameters: linear displacement of the vertebrae - no more than 8 mm, sagittal range of motion of the SDS - no more than 14 °. At the same time, the minimum acceptable level of pain syndrome and a sufficient level of functional state of patients were achieved with effective elimination of pathological displacement of the vertebrae with the formation of an interbody bone block in more than 85% of patients, a decrease in sagittal angulation and restoration of the total angle of lumbar lordosis (on average up to 52°). The applied volume of decompression from a unilateral approach allowed for optimal visualization of the neurovascular formations of the spinal canal. Based on the above, it should be noted that questions regarding the choice of one or another surgical method for treating intervertebral disc herniations remain open. The algorithm we developed for diagnosing intervertebral disc herniations makes it possible in 96% of cases to determine the accuracy of the location of the pathological focus, its volume, extent, taking into account its clinical and neurological status, the severity of the osteo-neural conflict, the period and nature of the course of the disease. The algorithms for surgical treatment of intervertebral disc herniations proposed in this work are based and confirmed by patents, new surgical technologies and are highly effective. Thus, in operated patients in 89.5% of cases within a period of up to 24 months. After the operation, excellent, good and satisfactory results of surgical treatment were obtained. The proposed algorithms have the right to be chosen by clinicians when individually choosing in each specific case the method of surgical treatment of herniated intervertebral discs.

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