

论著

后路一期全椎体切除加重建治疗严重脊柱后凸畸形

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摘要 摘要:目的 探讨严重脊柱后凸畸形行后路一期全椎体切除加重建手术的可行性和临床意义。方法 回顾性分析了2003年1月~2007年7月在我科接受后路一期全椎体切除加重建术治疗的12例严重脊柱后凸畸形患者的临床资料。结果 平均手术用时5.0h (4.0~7.8h), 术中平均出血量1800ml(800~3000ml), 未出现神经系统症状加重的患者, 无伤口感染等并发症。术后平均下床时间8d (6~15)d; 术后后凸平均为38°, 矫正率达63%。5例患者术前有神经系统症状, 1例术前Frankel分级为A级, 4例为D级; 术后所有5例患者的Frankel分级均恢复到E级。结论

后路一期全椎体切除加重建术是治疗严重脊柱后凸畸形安全有效的手术方法, 可使神经充分减压, 矫正后凸畸形效果满意, 早期恢复负重, 在避免神经付损伤方面尤为重要。

关键词 [严重脊柱后凸畸形](#) [后路一期全椎体切除术](#) [脊柱截骨术](#)

分类号

Posterior Vertebra Column Resection and Reconstruction for Severe Kyphosis

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Abstract ABSTRACT:Objective To investigate the feasibility and clinical significance of posterior vertebra column resection and reconstruction in the treatment of severe kyphosis. Methods We retrospectively analyzed the clinical data of 12 patients with severe kyphosis who received posterior vertebra column resection and reconstruction from January 2003 to July 2007. Results The mean operation time was 5.0h (4.0 - 7.8h) and the evaluated blood loss during operation was 1800 ml(800-3000ml). No neurologic complications or post-operative infections were noted. The patients became ambulatory 8 days after operation. Before operation, 5 patients were found to have neurological deficit, including Frankel grade A in 1 patient and D in 4 patients. After operation, the grades were all recovered to Frankel E. After operation, the Cobb angle of the kyphosis was corrected to 38°, with an average correction rate of 63%. Conclusions Posterior vertebra column resection and reconstruction may be a safe and effective technique for the treatment of severe kyphosis. It can fully decompress the neurological structures, correct the kyphosis deformity, and achieve early weight-bearing. It is especially useful to avoid neurological injury.

Key words [severe kyphosis](#) [posterior vertebra column resection](#) [spinal osteotomy](#)

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