论著

## 椎弓根螺钉技术治疗胸椎脊柱侧凸并发症分析

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目的:探讨椎弓根螺钉技术治疗胸椎脊柱侧凸畸形并发症的发生及防治。 方法:自1994年3月到2005年3月应用徒手法螺钉植入技术进行后路椎弓根螺钉钉棒系统治疗脊柱侧凸畸形183例,其中青少年特发性脊柱侧凸110例,成人脊柱侧凸32例,先天性脊柱侧凸28例,马方综合征合并脊柱侧凸7例,其他原因引起的脊柱侧凸6例。所有患者均进行术前、术后及随访期脊柱侧凸Cobb角的测量,根据测量结果计算矫形率,并统计分析围手术期及随访期并发症的发生率。 结果:本组病例畸形矫正率为72%,矫形效果与文献报道的钩棒系统比较有一定的优势;本组病人围手术期并发症发生率为8.4%(术中椎弓根爆裂1.5%,术后感染3.8%,肺部并发症1.6%,一过性神经损害0.5%,失血性休克1%);随访期并发症发生率为3.6%(迟发感染0.5%,内固定松动断裂1%,矫形显著丢失或畸形加重1.6%,一过性神经损害0.5%)。与文献报道的钩棒系统比较,围手术期并发症发生率低、矫形丢失不显著、永久性损害少、内固定相关并发症发生率低。 结论:后路钉棒系统治疗各种脊柱侧凸畸形并发症发生率低,熟练掌握椎弓根螺钉技术并熟悉椎弓根及其邻近组织的解剖,同时进行术中脊髓功能监护,能有效地防治椎弓根螺钉技术治疗胸椎脊柱侧凸畸形并发症的发生。

关键词 <u>椎弓根螺钉;胸椎;脊柱侧凸;并发症</u> 分类号

## Complication of thoracic pedicle screw fixation in spinal deformities

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Abstract

ObjectiveTo analyze the etiology and prevention of complications related to the pedicle screw technique in the treatment of thoracic scoliosis. Methods There were 183 thoracic deformity patients 110 idiopathic scoliosis, 32 adult scoliosis, 28 congenital kyphoscoliosis, 8 Marfan syndrome with scoliosis, and 6 others. All patients' Cobb angles were evaluated preoperatively, intraoperatively, and postoperatively by roentgenograms. The deformity correction rate was calculated. All radiographic evaluations were carried out in a double-blind fashion. The complication rate was analyzed perioperatively and postoperatively. ResultsThe deformity correction rate was 72%, better than others treated with hook-rod system. The perioperation complication rate was 8.4% (pedicle fracture 1.5%, infection 3.8%, pneumothorax and plural effusion 1.6%, transitory neurological damage 0.5%, and over-bleeding shock 1%). The complication rate at follow-up was 3.6% (infection 0.5%, fatigue fracture 1%, loss of deformity correction 1.6%, and transitory neurological damage 0.5%). Compared with those treated with hook-rod system, the perioperation complication rate, loss of deformity correction, permanent damage, and complications related to the internal fixation were all low. ConclusionThe complication rate of pedicle screw fixation system was low in the treatment of thoracic deformity. When surgeons are thoroughly familiar with the technique and related pathoanatomy, and with the spinal cord function wardship by SEP, complications related to the pedicle screw technique in the treatment of thoracic scoliosis will be well controlled.

Key words <u>pedicle screw</u> <u>thoracic</u> <u>scoliosis</u> <u>complications</u>

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