[1]涂洪波,柳峰,刘鹏,等.峡部裂型和退变型腰椎滑脱的融合方式选择:单中心7年经验的回顾性研究[J].第三军医大学学报,2014,36(06):528-531.

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峡部裂型和退变型腰椎滑脱的融合方式选择:单中心7年经验的同<u>阿性研究。</u> 享到:

本期目录/Table of Contents

下一篇/Next Article

上一篇/Previous Article

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Title: Choice of fusion techniques for isthmic spondylolisthesis and degenerative

spondylolisthesis: a single-center, retrospective analysis of 7 years' experience

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摘要:

目的 比较后外侧植骨与椎体间植骨融合术治疗不同类型腰椎滑脱症的效果。 方法 2003-2009年我科 采用后路切开复位、减压、植骨融合内固定手术治疗腰椎滑脱症患者133例,按峡部裂型和退变型分为2组。峡部 裂型腰椎滑脱患者采用后外侧植骨融合术10例,采用椎体间植骨融合术42例; 退变型腰椎滑脱患者采用后外侧植骨融合术55例。术后应用JOA评分以及影像学检查对临床疗效进行评价。 结果 平均随访18个月。末次随访时JOA评分为(25.7±1.2)分,与术前相比差异有统计学意义(P<0.01)。滑脱复位率在峡部裂型滑脱患者为74.3%,术后1年融合率为90.4%; 滑脱复位率在退变型滑脱患者为89.3%,术后1年融合率为98.4%; 峡部裂型滑脱患者中10例采用后外侧植骨融合方式中5例复查见滑脱复位丢失,其中2例翻修手术治疗,3例保守治疗后获得骨性融合。 结论 峡部裂型腰椎滑脱采用椎体间植骨融合术融合率高,但采用后外侧植骨融合术则复位丢失、内固定失效的风险增加。退变型腰椎滑脱采用后外侧植骨融合术与椎体间植骨融合术均能获得良好的骨性融合。

Abstract:

To compare clinical results of posterolateral fusion and posterior lumbar interbody fusion techniques in the treatment of lumbar spondylolisthesis. Methods Between January 1, 2003 and December 31, 2009, there were 133 cases of patients with lumbar spondylolisthesis treated in our department. All of the 133 cases of patients were treated with open reduction, decompression, bone graft fusion and internal fixation via the posterior approach. The patients were divided into 2 groups: isthmic spondylolisthesis and degenerative spondylolisthesis. Ten cases of isthmic spondylolisthesis were treated with posterolateral fusion technique, and 42 cases of isthmic spondylolisthesis with lumbar interbody fusion technique. Twenty-six cases of degenerative spondylolisthesis were treated with posterolateral fusion technique, 55 cases of degenerative spondylolisthesis with lumbar interbody fusion technique. A score of JOA was used to assess clinical outcome. Results All cases were followed up for an average of 18 months. At final follow-up, the JOA score was 25.7+1.2, significantly higher than before surgery(17.3+1.6, P<0.01). The reduction rate was 74.3% and fusion rate at one year follow-up was 90.4% in the isthmic spondylolisthesis group. The reduction rate was 89.3% and fusion rate at one year follow-up was 98.4% in the degenerative spondylolisthesis group. We found the loss of reduction in 5 cases of isthmic spondylolisthesis treated with posterolateral fusion technique. Two of the 5 cases needed a revision surgery, and the other 3 cases needed a conservative treatment to obtain bone

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fusion. Conclusion The lumbar interbody fusion for isthmic spondylolisthesis results in good stability of the spine, but there is a risk of reduction loss and internal fixation failure when isthmic spondylolisthesis is treated with the posterolateral fusion. Both the posterolateral fusion and the lumbar interbody fusion for degenerative spondylolisthesis lead to good stability of the spine.

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