Osteotomía Transpedicular en lesiones Toracolumbares

Dr. Cristhian M Cruz
Neurocirujano
Hospital Nacional Rosales

Objetivo

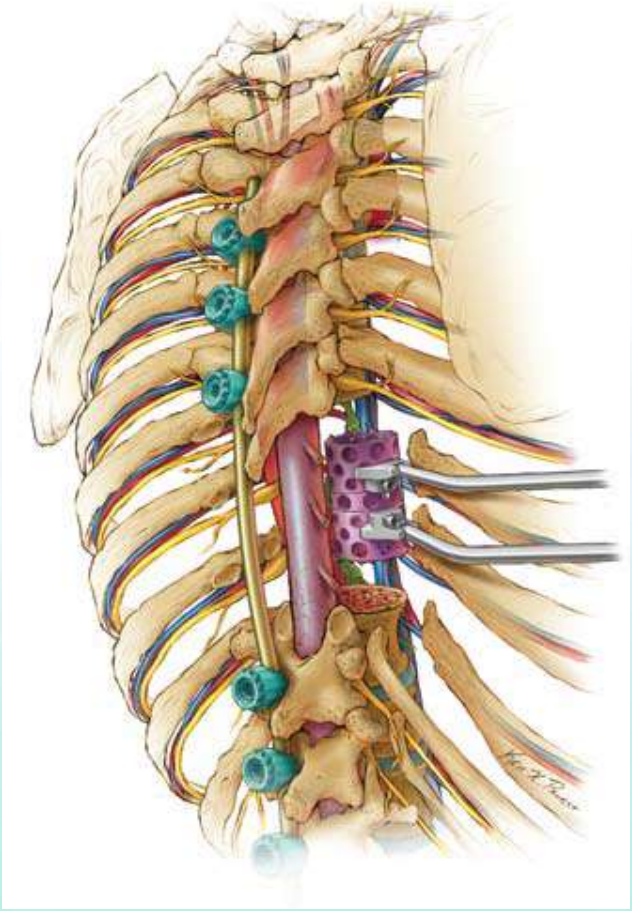
- Evaluación de los resultados del abordaje posterolateral o osteotomías con substracción transpedicular realizado a pacientes con lesiones espinales Toracolumbares

Metodología

- Estudio Descriptivo, Retrospectivo
- Revisión de expedientes de 12 pacientes a quienes se realizo osteotomías con substracción transpedicular en el periodo comprendido entre enero 2008 y dic. 2011.
- Evaluación de estado neurológico, estancia hospitalaria, complicaciones, tiempo operatorio, perdida hemática, Radiografías y seguimientos en consulta externa.

Antecedentes

- Pravee V Mummaneri. Pedicle Subtraction Osteotomy. Neurosurgery 63:171-176, (2008)
- Bhat A.L, Lowery G.L. The use of titanium surgical mesh-bone graft composite in the anterior Thoracic or Lumbar spine after complete or partial corpectomy. Eur Spine Journal. 8:304-309, (1999)

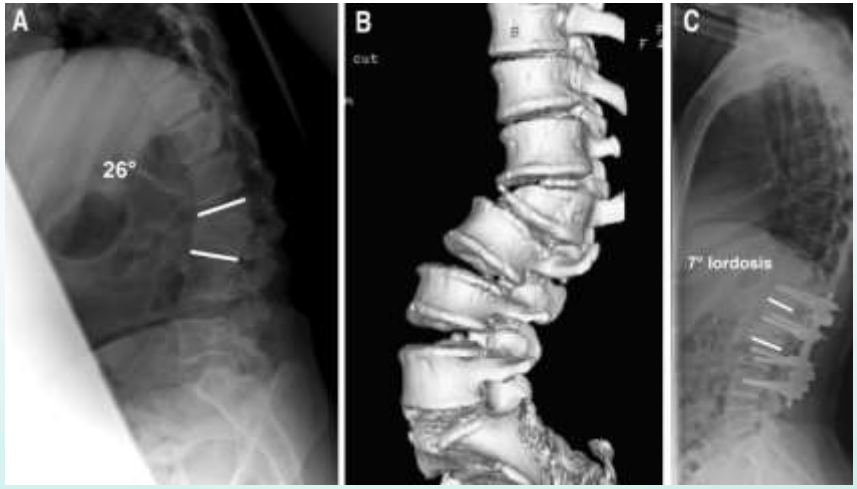


Antecedentes

- **J Neurosurg Spine 12:583–591, 2010**
  - The transpedicular approach compared with the anterior approach: an analysis of 80 thoracolumbar corpectomies.
  - *Department of Neurosurgery, University of California, San Francisco, California*
- **J Neurosurg Spine 14:388–397, 2011**
  - Posterior approach for thoracolumbar corpectomies with expandable cage placement and circumferential arthrodesis: a multicenter case series of 67 patients.

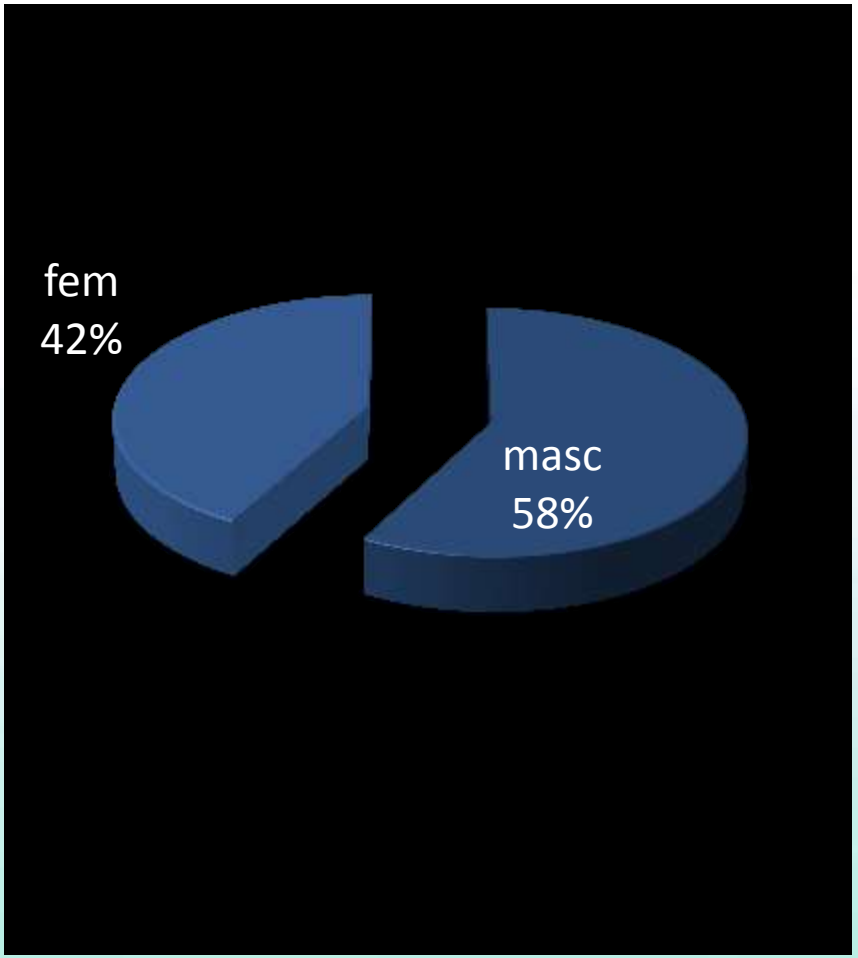
Antecedentes

- KiTack Kim, Kyoung-Jun Park. Osteotomy of the spine to correct spinal deformity. Asian Spine Journal 3: 113-123 (2009)
- Heary, Robert, Bino, Christopher. Pedicle Subtraction Osteotomy in the treatment of Chronic Postraumatic Kyphotic Deformity. J Neurosurgery Spine 5:1-8 (2006)



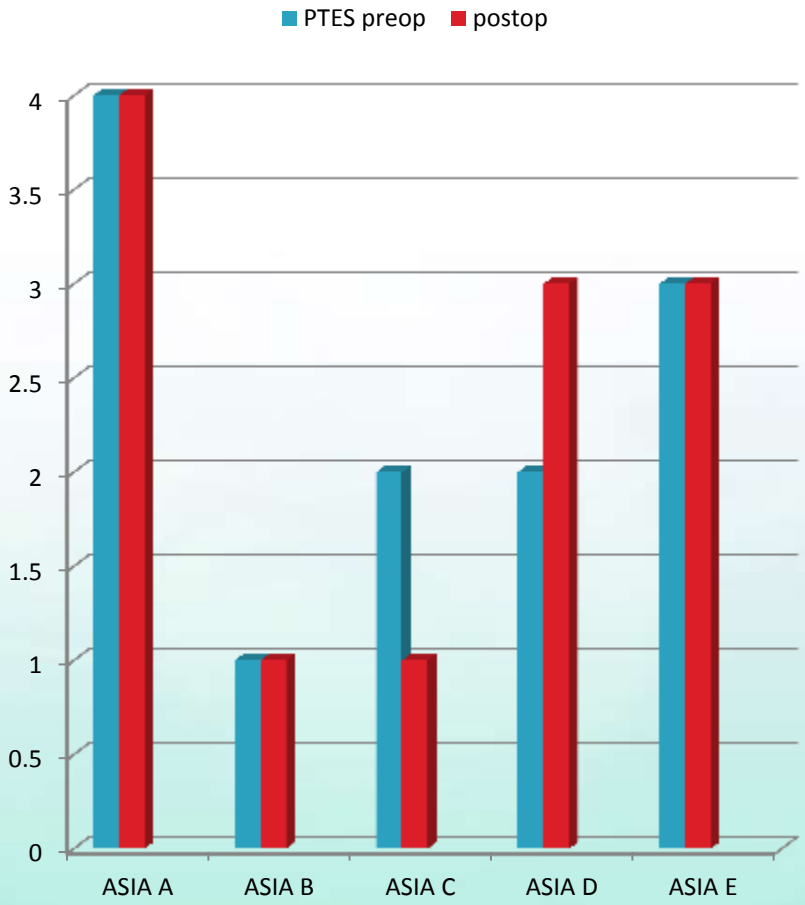
Resultados

- Edad Promedio 37.8 años con rango 17-64
- 58% hombres
- Relación hombre-mujer 1.4:1
- 6 Cajas de titanio
- 1 intersomatico tipo peak



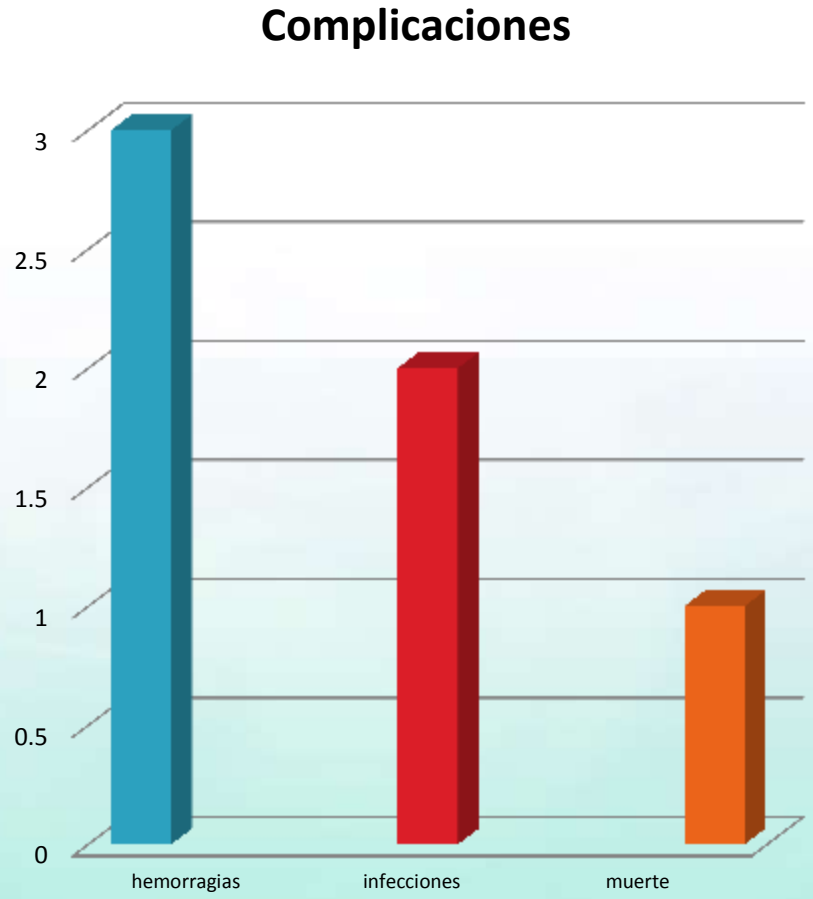
Resultados

Causas de Fractura



Resultados

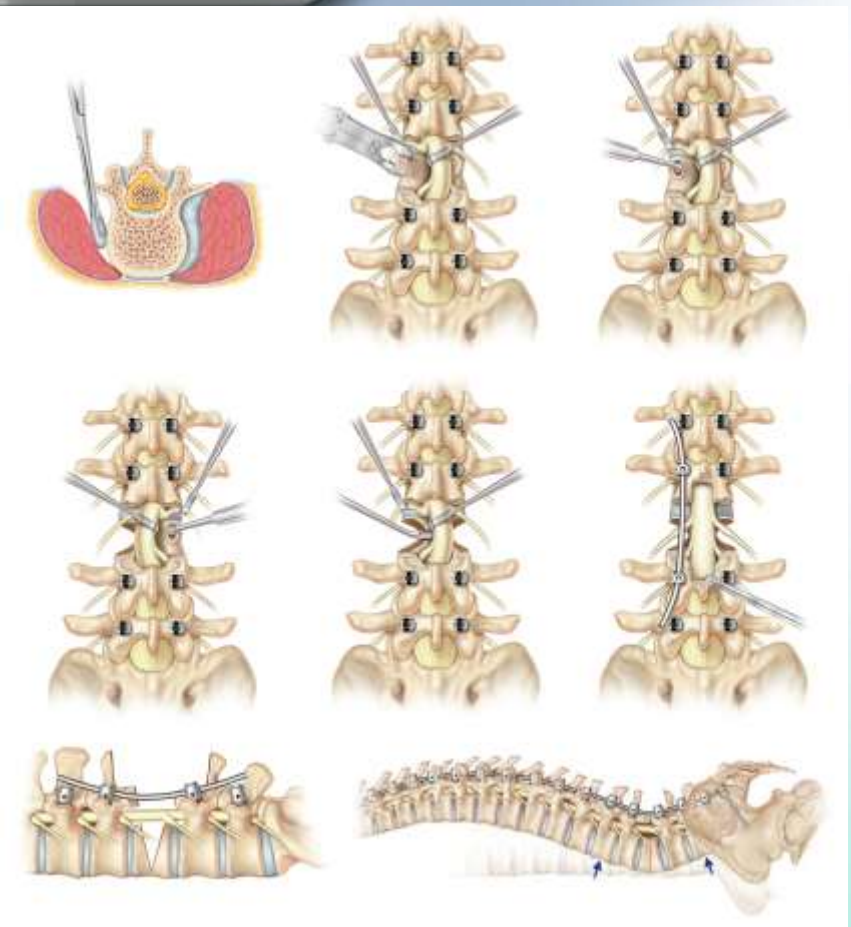

Nivel espinal
T11
T12
L1
L2
L3
L4


Complicaciones
3
2.5
2
1.5
1
0.5
0
hemorragias
infecciones
muerte

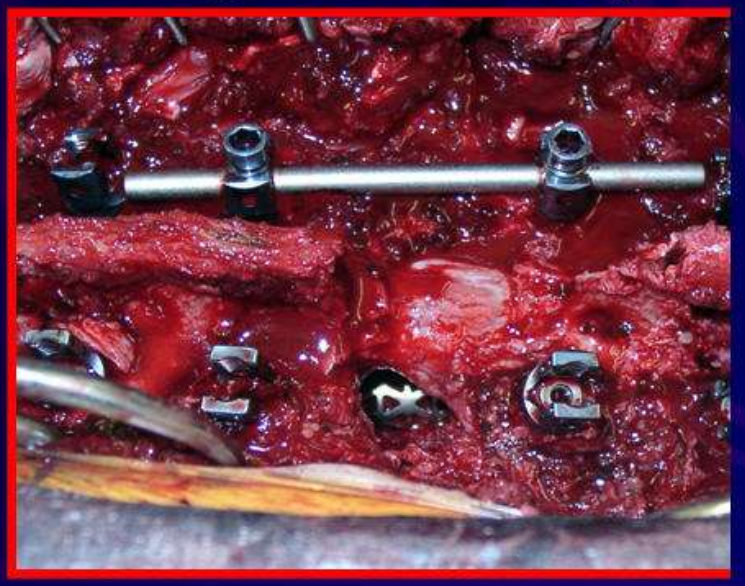
Resultados

caso	nivel	Dx	complic	ASIA	ASIA
1	L4	MM	no	E	E
2	L3	metastasis	Muerte	E	E
3	L3	trau	Sangra	D	D
4	L3	trau	No	D	D
5	L2	trau	Empeor-mejoria	C	C
6	L1	trau	No	E	E
7	T11	trau	Infecc/sangram	A	A
8	T12	trau	Infecc/sangram	A	A
9	T11	trau	No	A	A
10	T12	Trau/reintervencion	Disestesias	E	E
11	L1	Trau	No	B	B
12	L1	trau	no	C	D

Tecnica

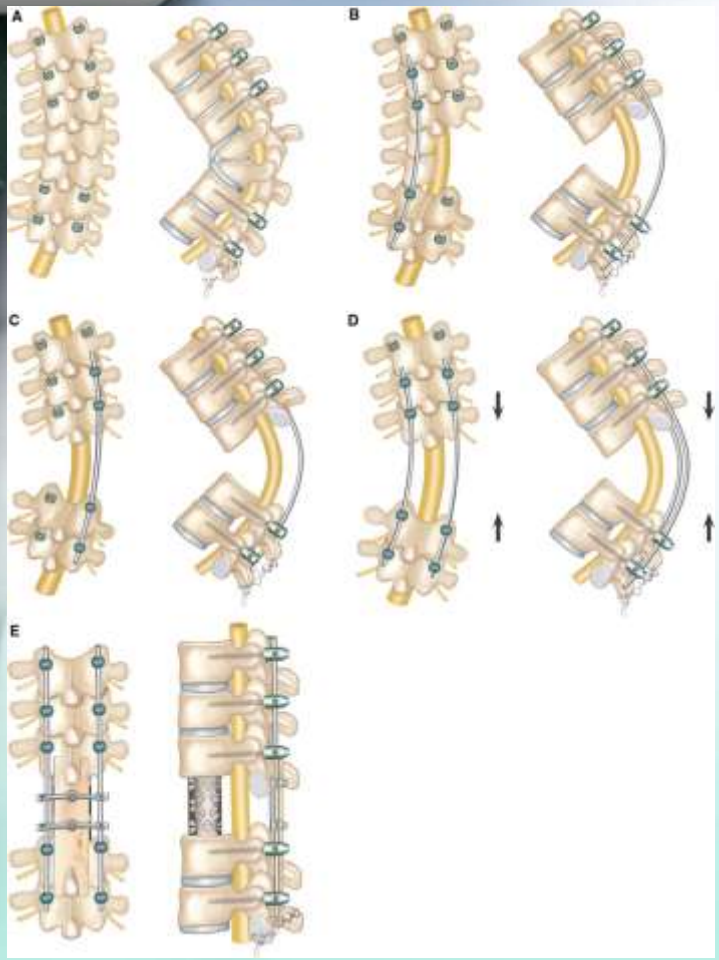


Surgical Technique



Distraction on contralateral side, cage placement

Tecnica



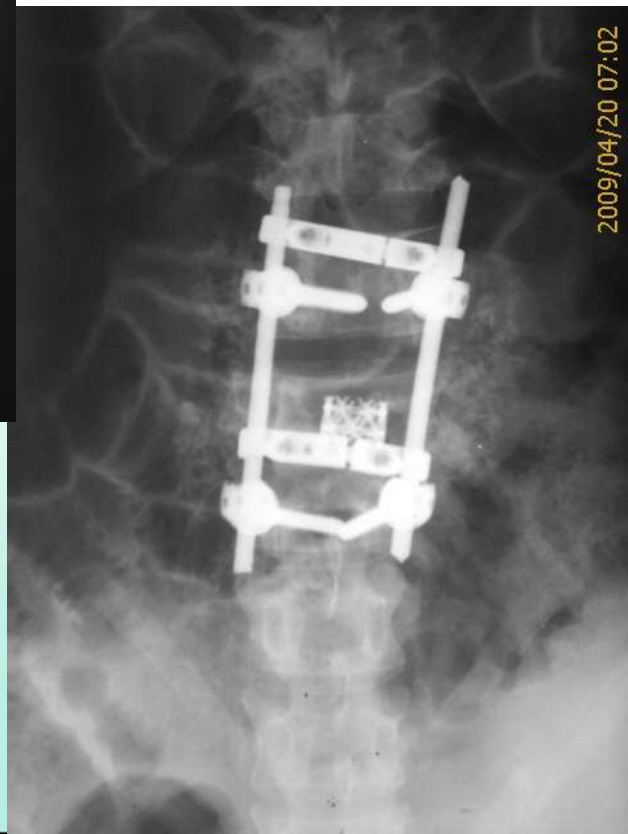
Pedicle Subtraction Osteotomy

- Soporte de las tres columnas con un solo abordaje
- Descompresion completa del canal
- Mejor tolerada que el abordaje combinado anteior/posterior

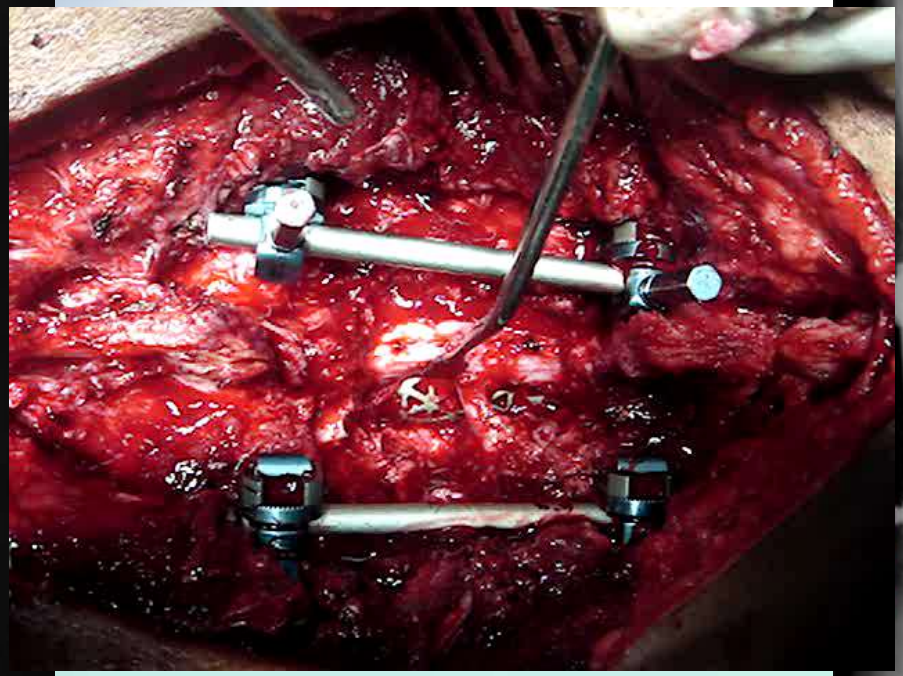
- Limitantes

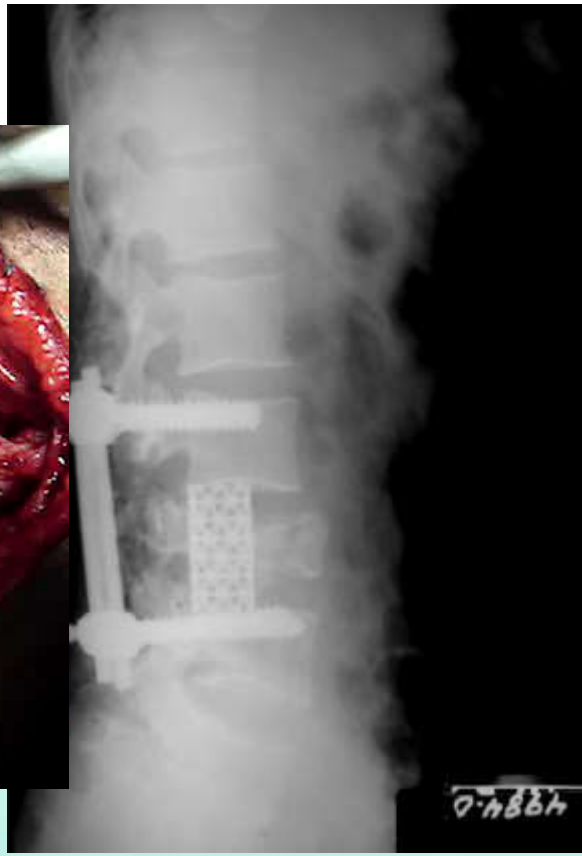
1. Instrumental
    1. Tornillos
    2. separadores
2. Drill alta velocidad
3. Flouroscopio
4. Neuromonitoreo
5. Cell Saver o sangre disponible

Fractura L3



Fractura de L3



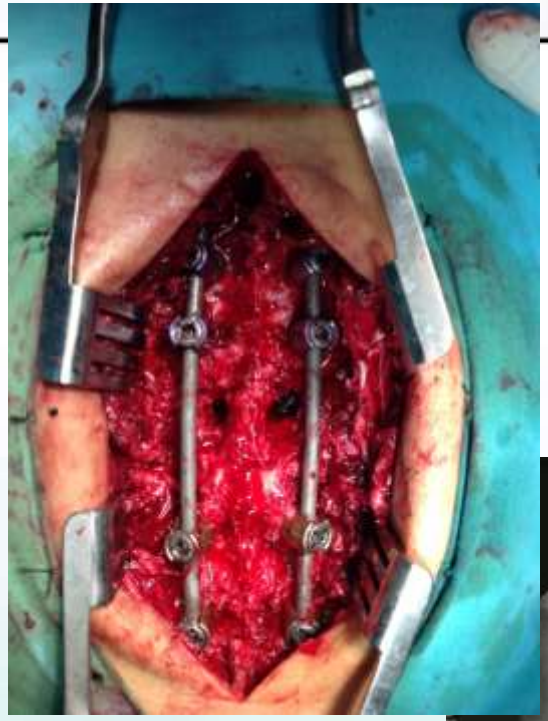


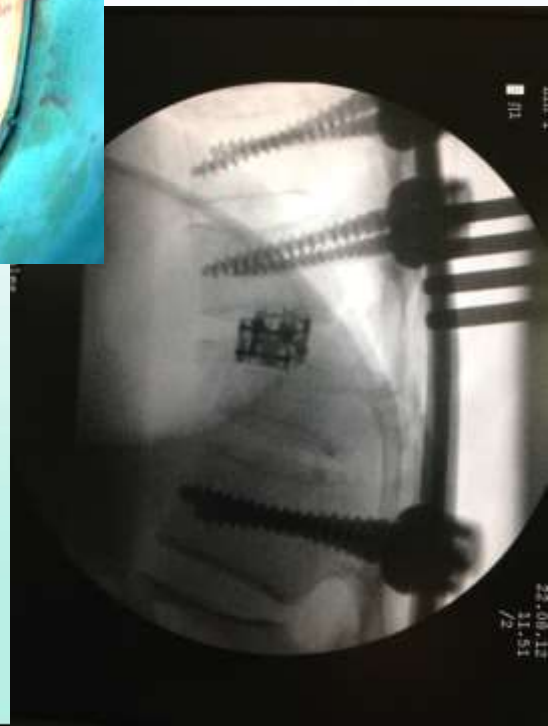
Antes

Despues

Fractura T12

Fractura T11

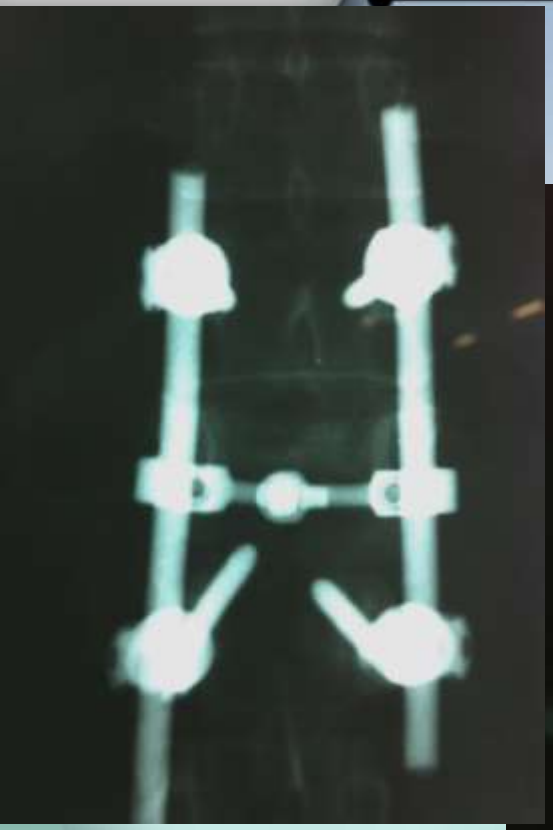


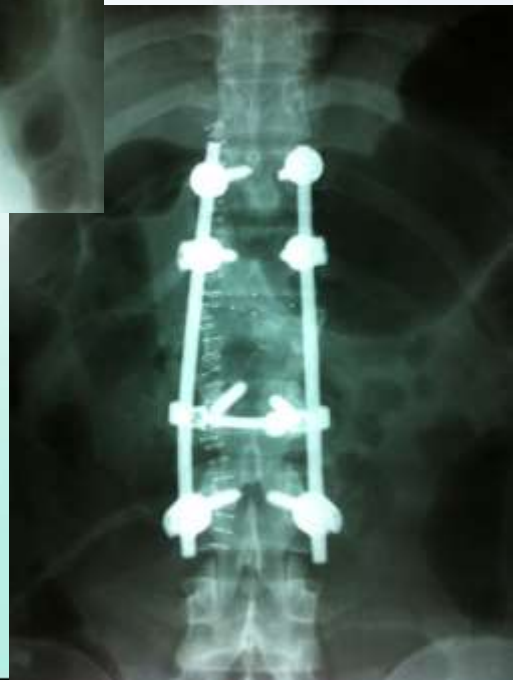


Fractura L2


Philips Brilliance 6
16 Aug 2011 17:24:29.0
120kV, 300mAs(360 mA)
R

Fractura T12





Mieloma Multiple

GRACIAS