CLINICAL CASE HIGHLIGHT

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Figure 1

Figure 2

MICRO INVASIVE PROCEDURES

PATIENT HISTORY:

- A 54-YEAR-OLD FEMALE PRESENTED WITH PROGRESSIVE PAIN IN AN L4 DISTRIBUTION, ASSOCIATED WITH SEVERE AXIAL BACK PAIN WORSENED WITH MOVEMENT.
- PRE-OP UPRIGHT LATERAL LUMBAR X-RAY (FIGURE 1) DEMONSTRATES GRADE 1 ANTEROLISTHESIS AT L4-5. MRI (FIGURE 2) DEMONSTRATES A RIGHT PARACENTRAL L4-5 DISC HERNIATION WITH FORAMINAL STENOSIS, AS WELL AS SYNOVIAL CYST AND FACET EFFUSIONS.

RADIATING L4 DISTRIBUTION LEG PAIN | NUMBNESS SEVERE AXIAL BACK PAIN

Figure 3

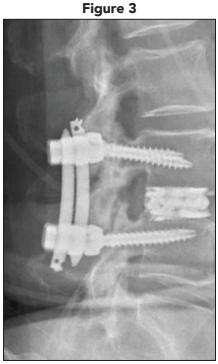
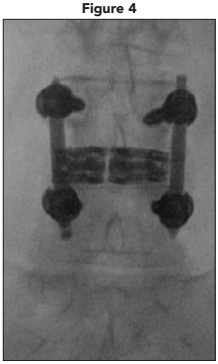


Figure 4

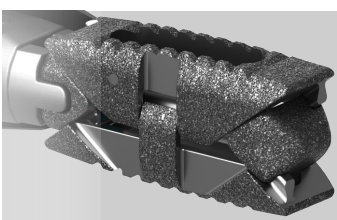


SURGICAL OUTCOME:

- L4-5 FORAMINOTOMY AND DISCECTOMY WERE PERFORMED WITH SUCCESSFUL NERVE DECOMPRESSION
- TWO PROLIFT MICRO CAGES (8MM W X 32MM L X 8-13MM H) WERE INSERTED BILATERALLY, PERCUTANEOUSLY THROUGH AN ENDOSCOPE PASSED INTO KAMBIN'S TRIANGLE. PEDICLE SCREWS WERE PLACED PERCUTANEOUSLY
- PREOPERATIVE AXIAL BACK PAIN AND RADICULOPATHY REMAIN ABSENT AT 12 WEEK FOLLOW UP. FIGURES 4 AND 5 ARE POSTOPERATIVE X-RAYS
- UTILIZING ENDOSCOPIC EXPANDABLE TECHNOLOGY, PROLIFT MICRO WAS INSERTED COLLAPSED WHICH REDUCED RETRACTION AND THEN EXPANDED IN-SITU HELPING RESTORE DISC HEIGHT AND THE SPONDYLOLISTHESIS

OPERATIVE TREATMENT:

- L4-5 ENDOSCOPIC DISCECTOMY AND PLIF WITH PERCUTANEOUS INSTRUMENTED FUSION AND HEMILAMINECTOMY/MICRO-FORAMINOTOMY
- CUT TO CLOSE TIME – 3.5 HRS.
- DISCHARGED POST-OP DAY 3



CONCLUSION

- EXPANDABLE ENDOSCOPIC TECHNOLOGY ALLOWS FOR INSERTION OF A SMALLER IMPLANT, WHICH CAN HELP PROTECT THE NEARBY EXITING NERVE ROOT AND POTENTIALLY REDUCING COMPLICATIONS ASSOCIATED WITH OPEN PROCEDURES.