

SURGICAL MANAGEMENT OF THORACIC DISC HERNIATION. SINGLE SURGEON-SINGLE INSTITUTE EXPERIENCE

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INTRODUCTION

- Of all surgically treated disc herniations, thoracic disc herniation (TDH) represents only between 0.15% and 1.8% and there is lack of sufficient information on surgical treatment in the literature.



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PURPOSE

- The aim of this retrospective study was to analyze the results of 2 different surgical approaches for TDH.
- Anterior Transthoracic Decompression (ATDF) was compared with Posterior Decompression and Fusion (PDF) .



MATERIAL & METHODS

- 20 patients (8 male, 12 female) , average age 56 (27-67) with a total of 27 levels TDH and treated surgically were included in this study.
- All had myelopathy and/or radicular pain.
- 9 patients with 15 levels TDH underwent anterior transthoracic decompression and fusion (ATDF).
- 11 patients with 12 levels TDH underwent posterior decompression and fusion (PDF) with transfacet approach.



RESULTS

- 14 patients had single, 5 patients had 2 levels and 1 patient had 3 levels TDH.
- 16 TDH were located at T8 and below.
- 16 were paracentrally and 11 were centrally located. 8 of TDH were calcified.
- Average follow-up was 40 (12-113) months.
- All patients had successful resection of TDH.
- There were no significant differences between both surgical groups in terms of preoperative VAS (8.3 vs. 8.43), Oswestry (41.6 vs. 43.36), JOA (7.5 vs. 7.45) myelopathy scores, amount of bleeding and hospitalization.

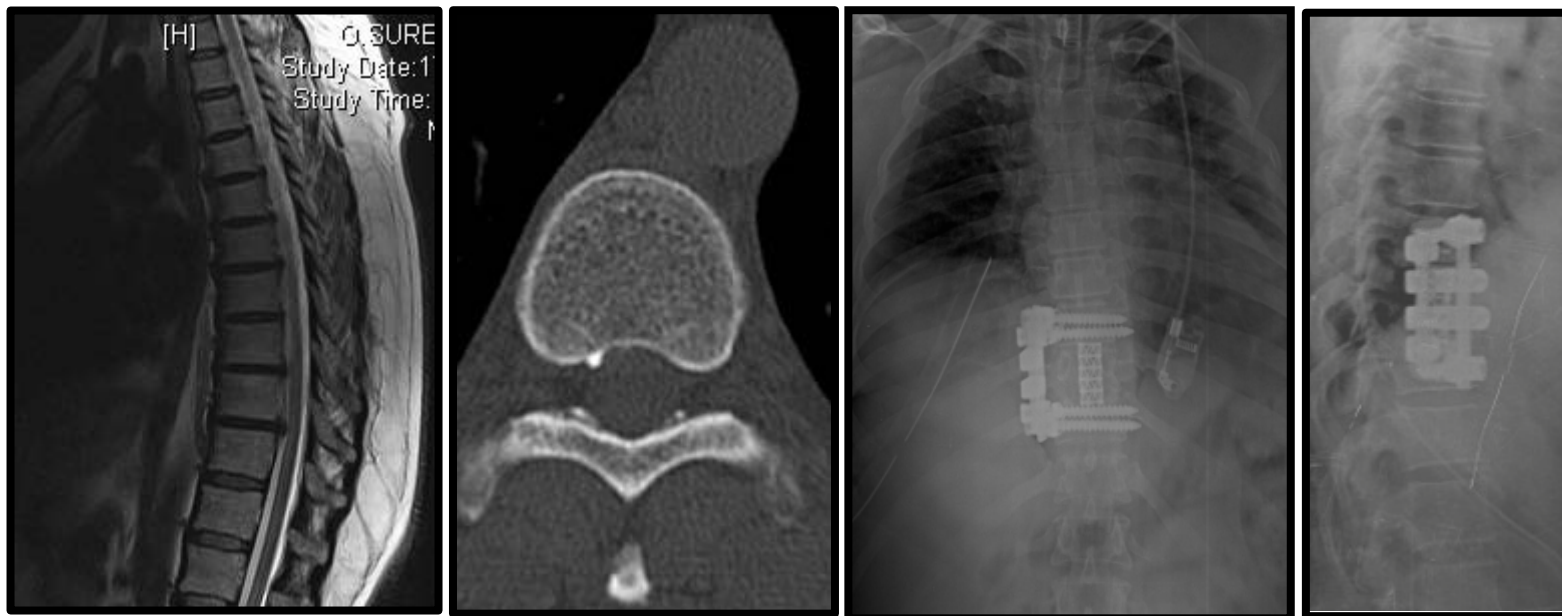


RESULTS

- The only significant difference at post-op period was in percentage improvement in JOA score (51.77% vs. 69%, $p=0.036$).
- One patient in ATDF group had no improvement in JOA score.
- 5 patients (55%) in ATDF [pulmonary problems (3), dural tear (1), superficial infection (1)].
- 2 patients (18%) in PDF [hematoma (1), deep wound infection (1)].
- None of the patients in each group had neurological compromise.



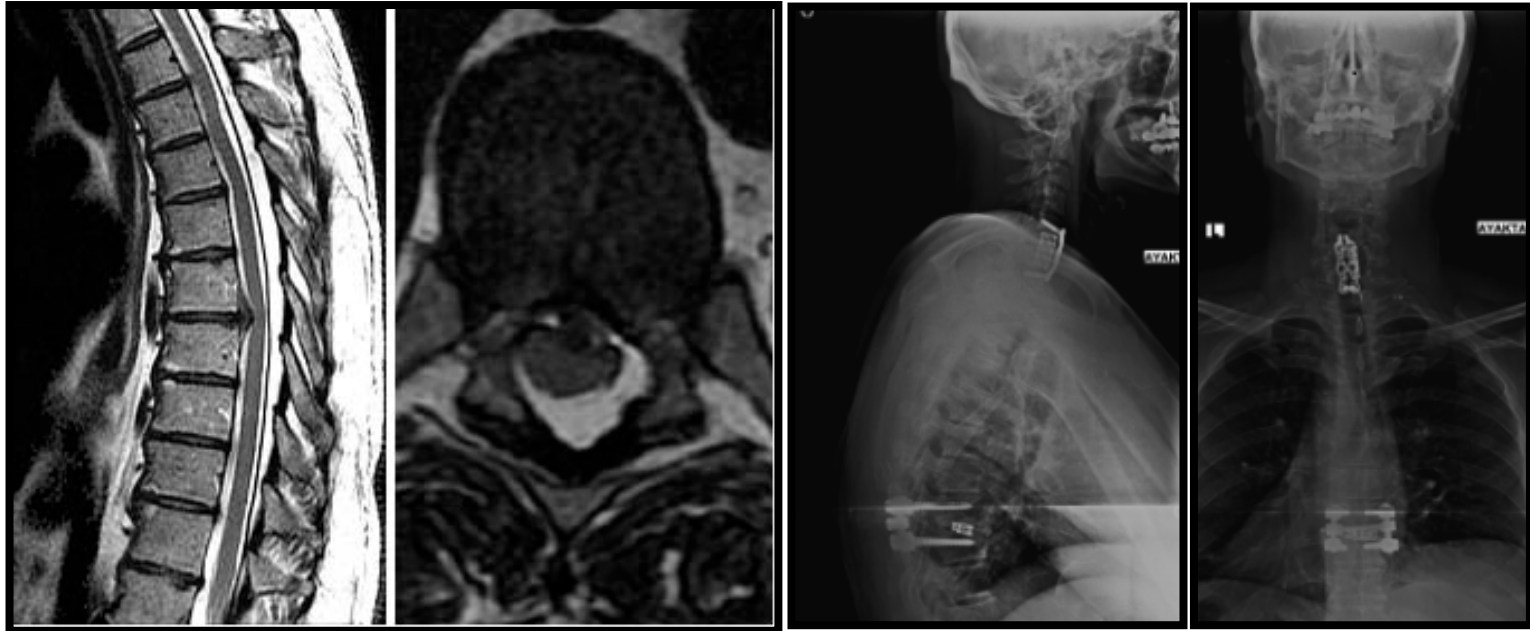
48 Y, F, T8-T9 + T9-T10 TDH, T8-10 ATDF



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56 Y, M, T7-T8 TDH, T7-8 PDF



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CONCLUSION

- Patients with TDH and treated by PDF had better improvement percentages in myelopathy scores and had less complications when compared to patients treated by ATDF.
- Oswestry, VAS and global outcome scores on the other hand were similar.

