

Long Term Results of Lumbar Sequestrectomy Versus Aggressive Microdiscectomy Kadir Kotil istanbul arel university/TURKEY

Introduction

It remains unknown whether aggressive microdiscectomy versus sequestrectomy with little disc invasion provides a better outcome for the treatment of lumbar disc herniation with radiculopathy.

Methods

Patients operated for lumbar disc herniation are grouped in two, where 85 patients who underwent agressive discectomy (AD) are Group A and 40 patients who were operated with sequestrectomy (S) technique are Group B. The patients are chosen among a group that was operated by the same surgeon with two different techniques between 2003 and 2008. The demographic characteristics are similar.

Results

The mean age of patients in Group A is 41.1 (18-74) and that of Group B is 39.9 (22-69). during the postoperative first 10 days, the VAS score for back was 4,1 in Group A and 2,1 in Group B and the difference was statistically significant (p < 0,005). ODI scores were 11 % in Group A and 19 % in Group B in the last examination. Reherniation rate was found to be 1,5 % in Group A and 4,1 % in Group B (p < 0,005). The decrease in the height of the intervertebral disc in 5 years was found to be 32 % in Group A and 20 in Group B; the measurement of the foramina showed a mean decrease of 5% in height (3.5-8%) which had no clinical significance though being statistically significant (p=0.06).

Conclusions

In summary, we argue that reherniation rates are much lower in long term follow-up when aggressive discectomy technique is used with microdiscectomy. Aggressive microdiscectomy (AD) disturbs back comfort for a short time but does not change the quality of life. This study is the first study with very long term follow-up showing that reherniations are three times less in aggressive discectomy when compared with sequestrectomy(S).

Learning Objectives

It remains unknown whether aggressive microdiscectomy versus sequestrectomy with little disc invasion provides a better outcome for the treatment of lumbar disc herniation with radiculopathy.

References

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