

Comparative analysis of radiologic outcomes of C1-2 fusion spine surgery between intraoperative CT image based navigation guided operation and fluoroscopy guided operation

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Introduction

Atantoaxial junction is highly complicated and specialized region Highly variable pedicle anatomy and vertebral artery anomalies

Fixation of C1-2 is challenging surgical procedure because of the complex anatomy and the need for a high degree of accuracy to avoid complication.

Vertebral artery injury in C1-2 fixation Transarticular screw fixation : 4.1 – 8.2%

C2 pedicle screw : 5.3% - 21%

Intraoperative 3D image(O-arm) based navigation system reduced the kind of complication, providing greater accuracy in instrument-assisted technique

In this study, we compared the surgical outcomes during the cervical fixation with and without intraoperative navigation if surgery with navigation is superior in either regard

Methods

Retrospective study From January 1, 2009 to December 31, 2016

Total 26 patients has underwent posterior C1-2 fusion operations fluoroscopy guided operation: 15 cases

intraoperative CT image(O-arm) based navigation guided operation: 11 cases

Patient characteristics

male: female 15 patients: 11

patients

Mean age: 54.8 years old (ranged

from 17 to 80)

Disease criteria

Trauma (15 cases)

Fall down: 5 cases, Traffic accident: 5 cases, Slip down: 4 cases, Exercise

: 1 cases

Degeneration (11 cases)

RA, Atlanto-axial subluxation

Operation technique

C1 : lateral mass screw (Harms technique)

C2 : isthmic-pedicle screw fixation (Harms technique)

translaminar screw, short pars screw

Results

Characteristics of patients								
	C-arm group (N = 15)	Navigation group(N = 11)	P-value					
Age	49.9±18.08 yr	60.9±13.77 <u>yr</u>	0.105					
Gender (male : female)	11:4	4:7	0.109					
Disease criteria (Trauma : degeneration)	10 : 5	5 : 6	0.426					
HRVA	9 / 30 (15 patients)	3 / 22 (11 patients)	0.200					
Median shifting	3 / 30 (15 patients)	0 / 22 (11 patients)	0.253					
Pedicle size	Rt: 4.17, Lt: 4.93	Rt: 5.0, Lt: 4.66	0.323					
Numbers of narrow pedicle size (<4mm pedicle size)	8 / 30 (26.7%)	3/ 11 (27.3%)	>0.999					
EBL	797±462 cc	691±659 cc	0.634					
Operation time	372±73.53 min	325±55.43 min	0.085					
Transfusion rate	6/15	3/11						
Fusion rate	15/15	10/11	0.423					

Classification of screw position

Grade 0: screw inside the bone

Grade I : perforation of the cortex by

up to 2mm

Grade II: perforation of the cortex

from 2 to 4mm

Grade III: perforation of the cortex

more than 4mm

The accuracy of the screw was relatively high in the O-arm group, especially in the C2 pedicle patients with vertebral anomaly O-arm group had no screw with a Grade II, III malposition, and showed a higher accuracy rate.

The O-arm group prevailed in the index of EBL, operation time, and blood transfusion



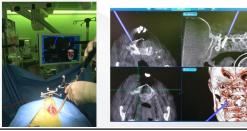
Review of literature on C1-2 fixation

rear	patients	Level	NO OF CPS	perforation	misplacement	Technique
2013	21	C1-2 OC fusion	41	3	7.3%	Intraoperative CT based
2015	18	C1-2	58	6	10.3%	Preoperative CT based
2017	12	C1-2	24	1	2.1%	Intraoperative CT based
2015	17	C1-2	67	5	7.5%	Intraoperative CT based
2017	11	C1-2	44	2	4.5%	Intraoperative CT based
	2013 2015 2017 2015		2013 21 C1-2 OC fusion 2015 18 C1-2 2017 12 C1-2 2015 17 C1-2	patients	patients perforation 2013 21 C1-2 OC fusion 41 3 OC fusion 2015 18 C1-2 58 6 2017 12 C1-2 24 1 2015 17 C1-2 67 5	patients perforation misplacement

The operation time was decreased, particularly in the O-arm group, according to the accumulation of experience.

In several articles, misplacement rate was reported from 2.1% to 10.3%. In our study, misplacement rate was 4.5%.

Operative field photo



Equipment set-up



Conclusions

-C1-2 fusion was successfully accomplished with O-arm system -Accuracy of the screws was slightly higher in the navigation group.

-Procedure length with navigation system can reduced the operation time