Minimally Invasive Spinal surgery for lumbar pathology.
Hospital Santo Tomas.
Panamá

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Introduction

Tubular retractor minimally invasive Surgery (MIS) is taking increase popularity because of direct visualization over the operative field and tissue saving, therefore improving patient outcome. We present our data from one and half year for lumbar pathology with a shift from traditional open lumbar surgery to MIS.
Methods

Retrospective analysis is made. 60 patients are included. 34 males (56%) and 26 females (44%) The two most common comorbidity was hypertension and diabetes. Age Range from 26 to 73 years. 28 patients included had radiculopathy and their MRI showed posterocentral lumbar herniated disc. Six patients (10%) were admitted with cauda equina and conus medullaris and 12 Patients (20%) presented with foraminal only or extraforaminal disc.
This patients tends to be younger with a mean aged of 32. In this patients the tubular retractors were place lateral or over the facets. A small facetectomy was made and the foramina was approach to remove the disc. 15 patients (23%)were admitted for one segment lumbar stenosis . This patients tend to be older with a mean aged of 47. Standard technique was used and foraminotomy and over the top contralateral foraminotomy was performed. 5 patients present with radiculopathy due to tumors. 4 tumors were schwannomas and one meningioma
Results

L5 radiculopathy was the most common for the posterocentral herniated disc and for the foraminal or extraforaminal disc it was L3. Only 5 patients had worse pain. Patients with cauda equina and conus medularis improved but 2 remain with bladder disfunction. Two patients presented with spondilodiscitis. 9 patients had incidental durostomy. No fistula were present. 3 patients with tumors improved their motor skills. One remains the same but improve, one patient worsen and remains
Conclusion

MIS has become the gold standard for lumbar disc pathology and can be used safely in well selected patients.
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Resonancia de Columna Lumbar Contrastada HST
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