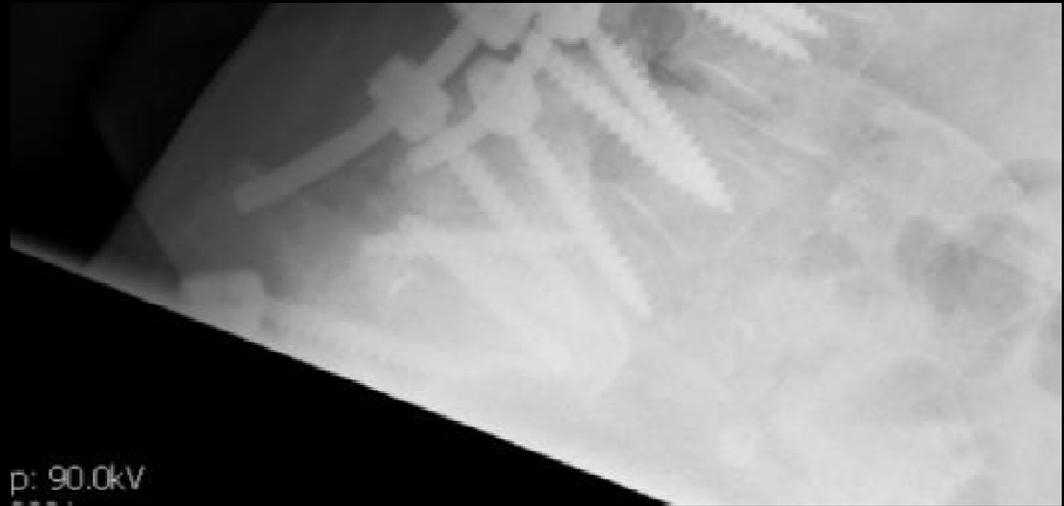


Surgical techniques

- Anterior column lengthening
- Smith-Peterson osteotomy
- PSO: pedicle subtraction osteotomy
- VCR: vertebral column resection





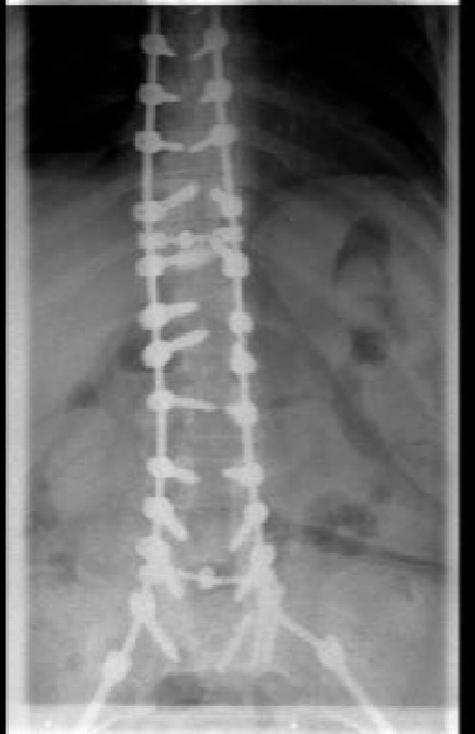


Großes Allograft
(Schenkelhals) bei L5/S1
und dorsale
Verlängerung

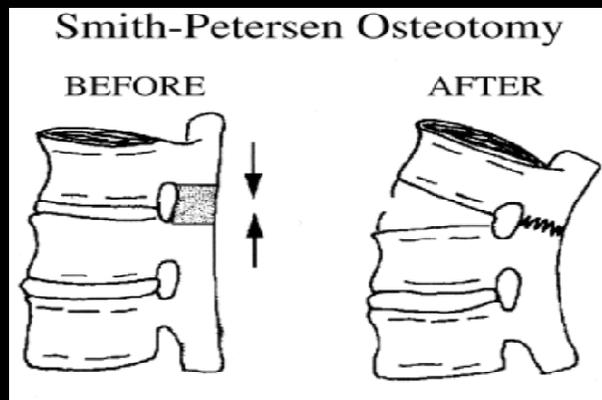
LWK 5



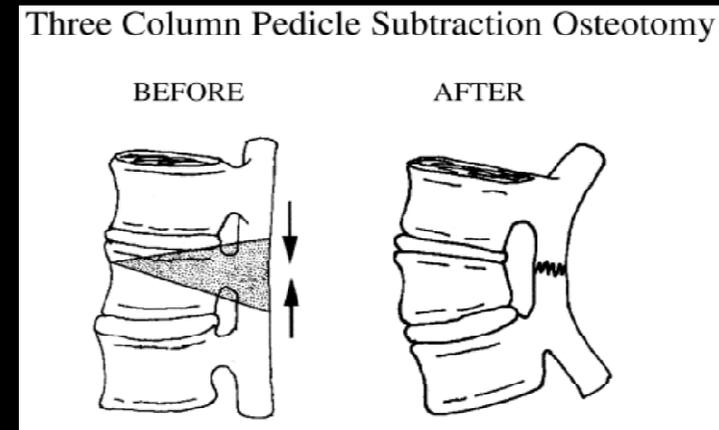
SWK 1



Korrekturmöglichkeiten des sagittalen Profils



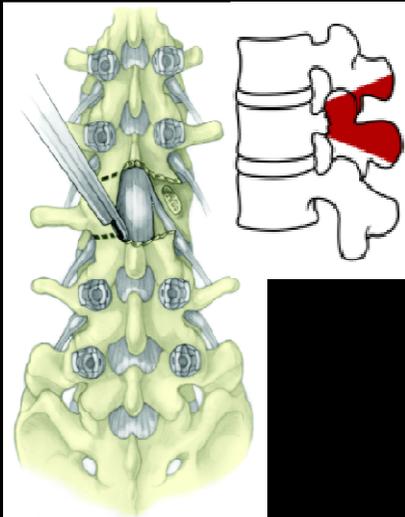
- dorsal verkürzend
- technisch einfach
- vorne verlängernd
- Geringer Korrektureffekt



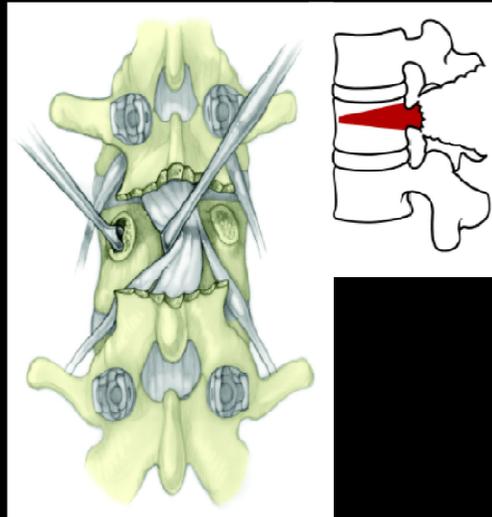
- dorsal verkürzend
- geringes Pseudarthrosenrisiko
- größerer Korrektureffekt
- technisch anspruchsvoll
- Blutverlust

Technique of PSO

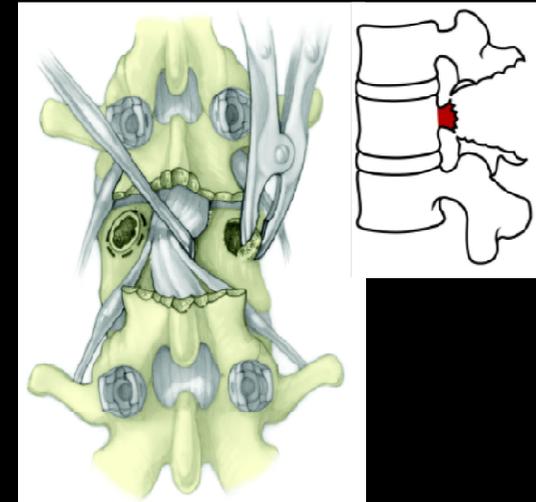
Bridwell, JBJS 2003



laminectomy,
fasettectomy
identify dura and
nerve roots

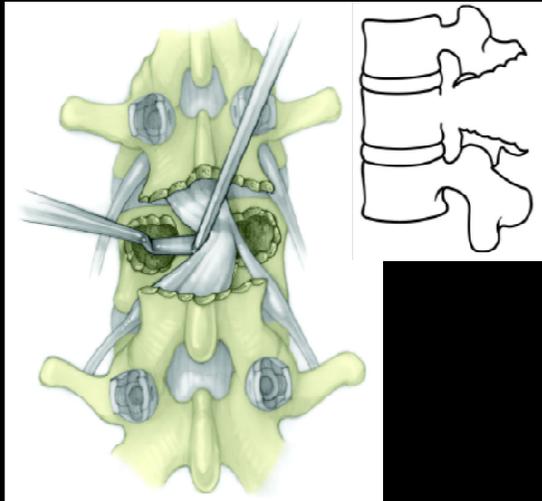


remove cancellous
bone from the
vertebral body
creating a vertebral
wedge

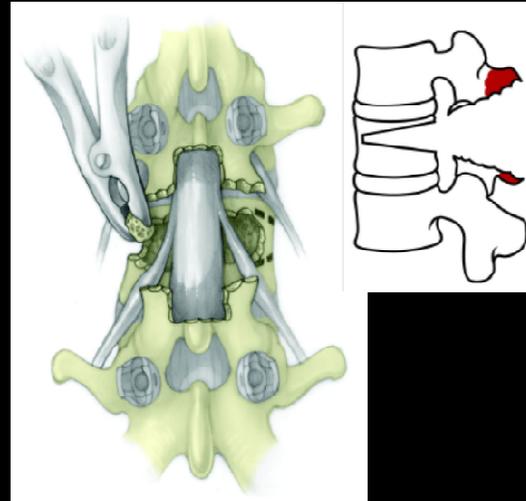


resection of the
pedicles
thinning of the
posterior vertebral
wall from within the
vertebral body

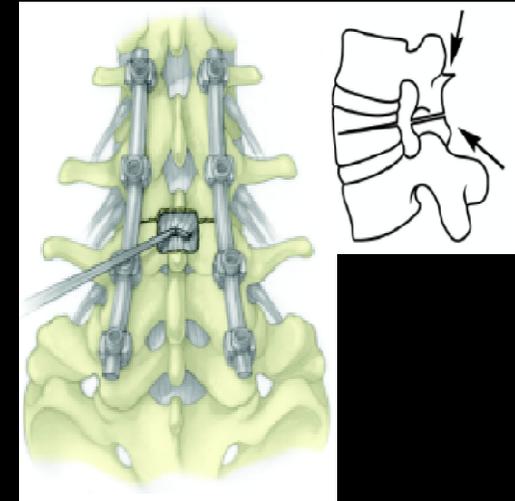
Technique of PSO



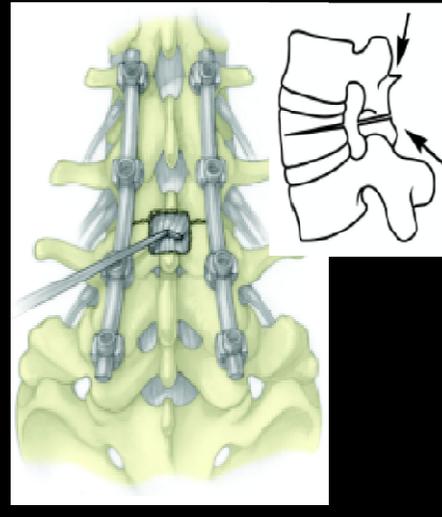
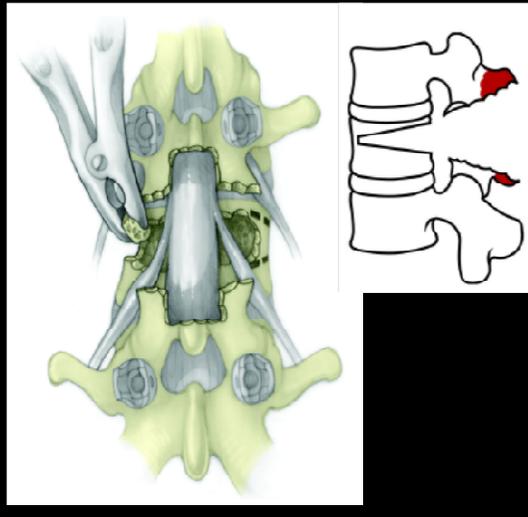
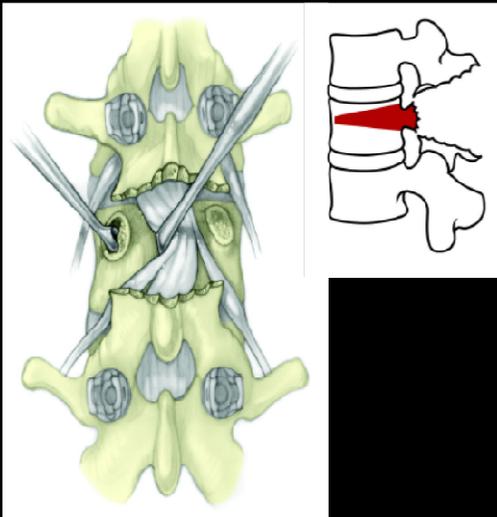
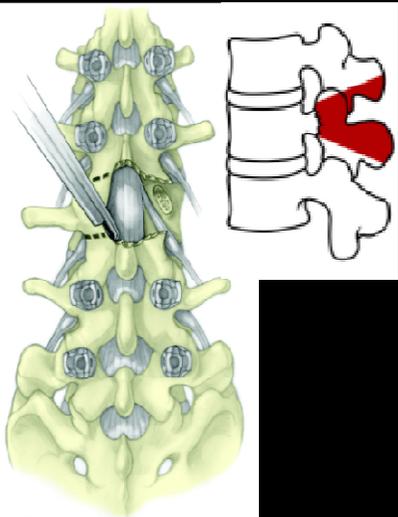
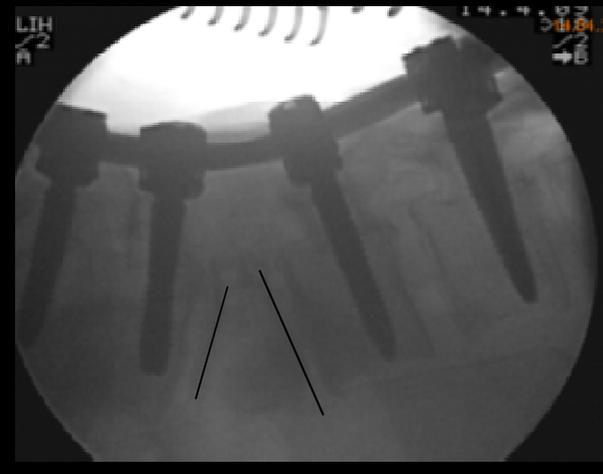
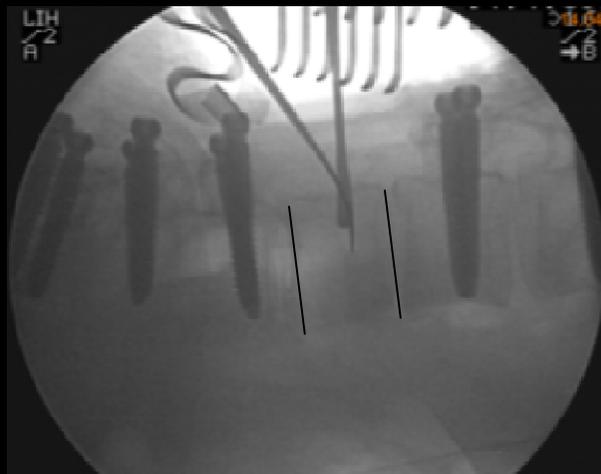
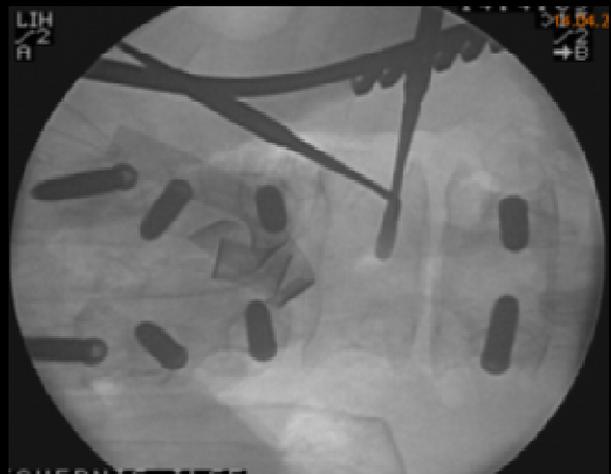
pushing the bone of the posterior cortex into the vertebral body

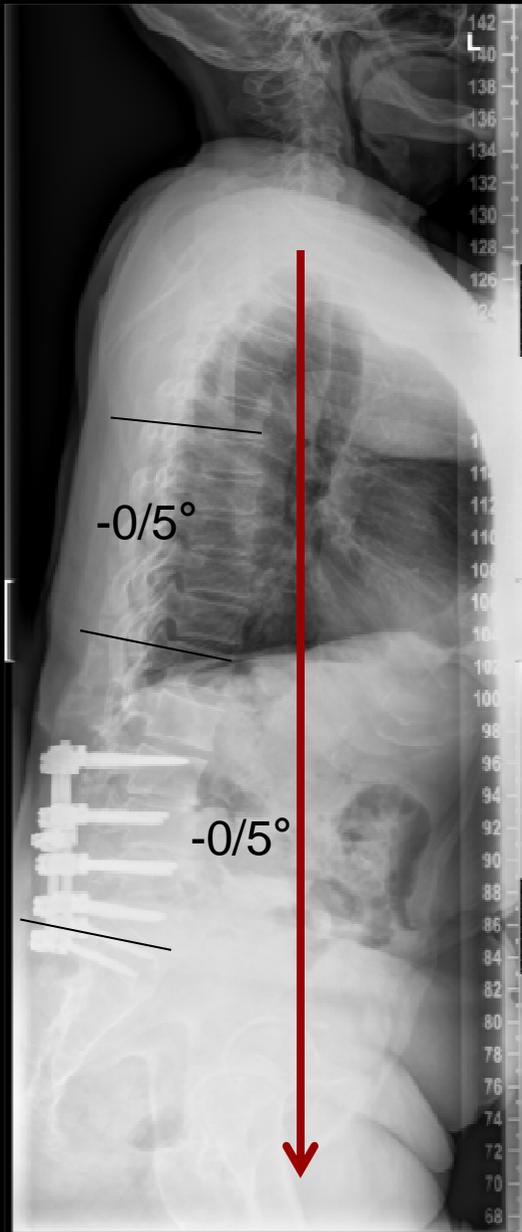


resection of the lateral borders of the vertebral body



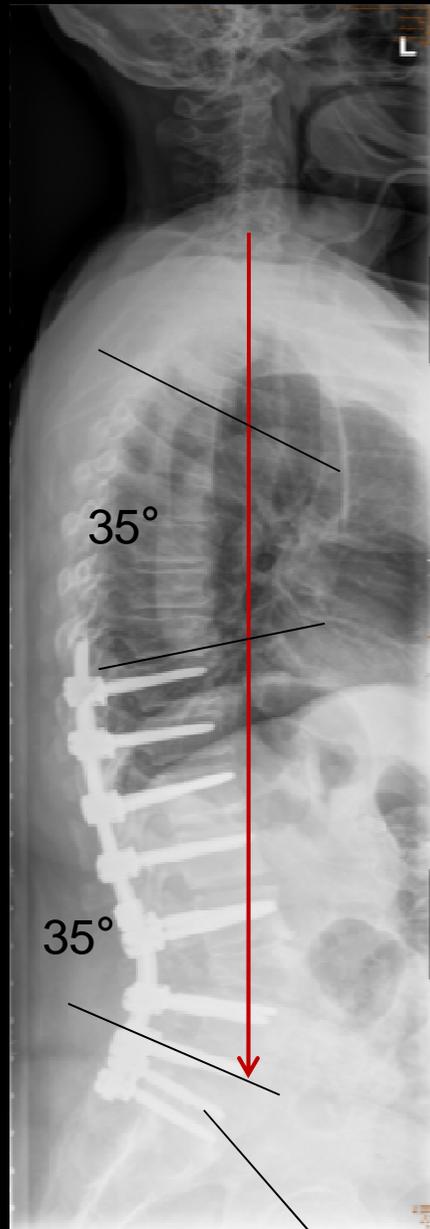
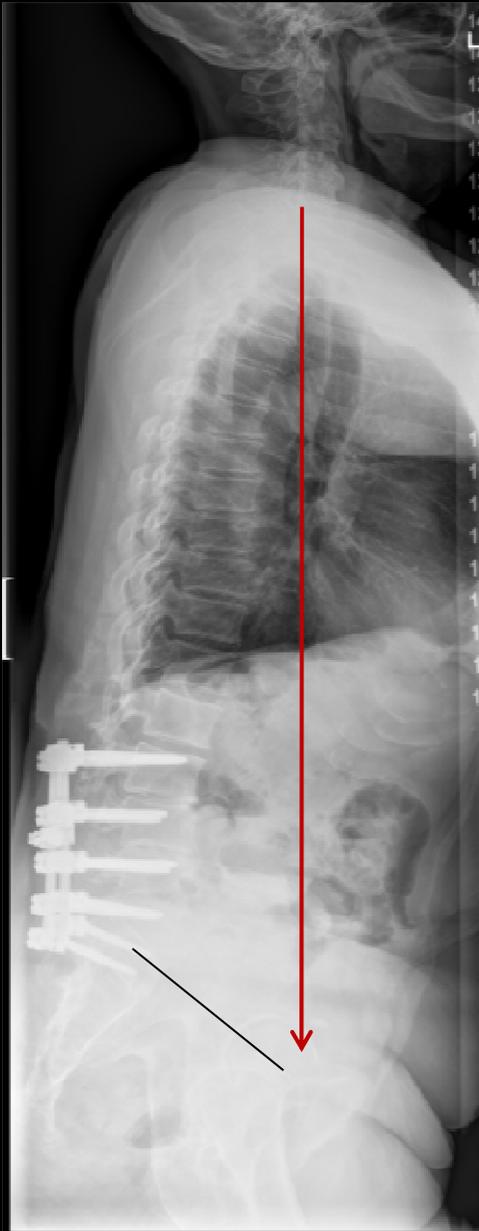
closure of the osteotomy
the anterior cortex is preserved to act as a hinge and to avoid translation



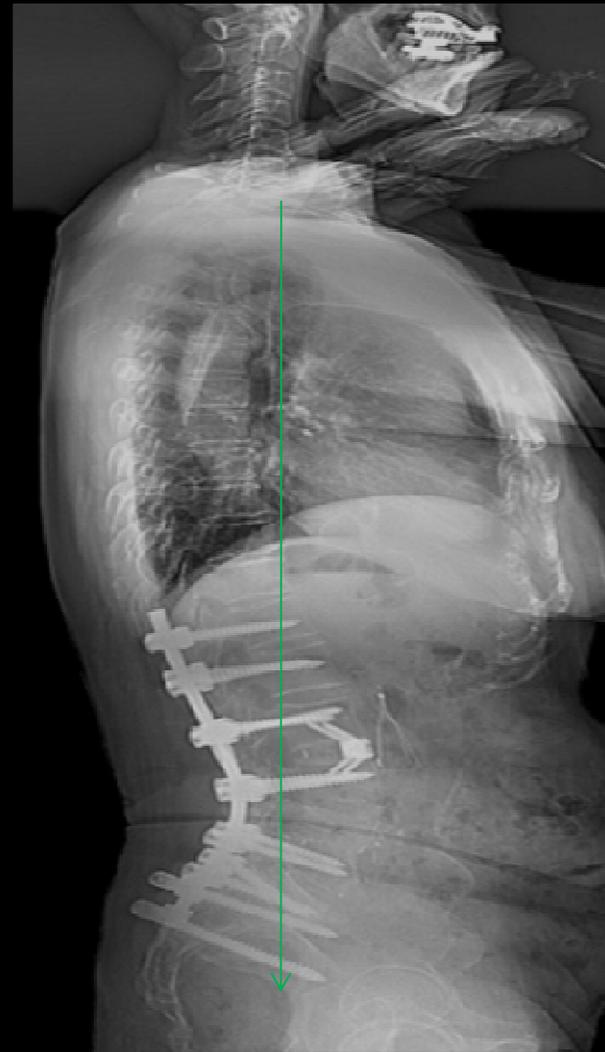
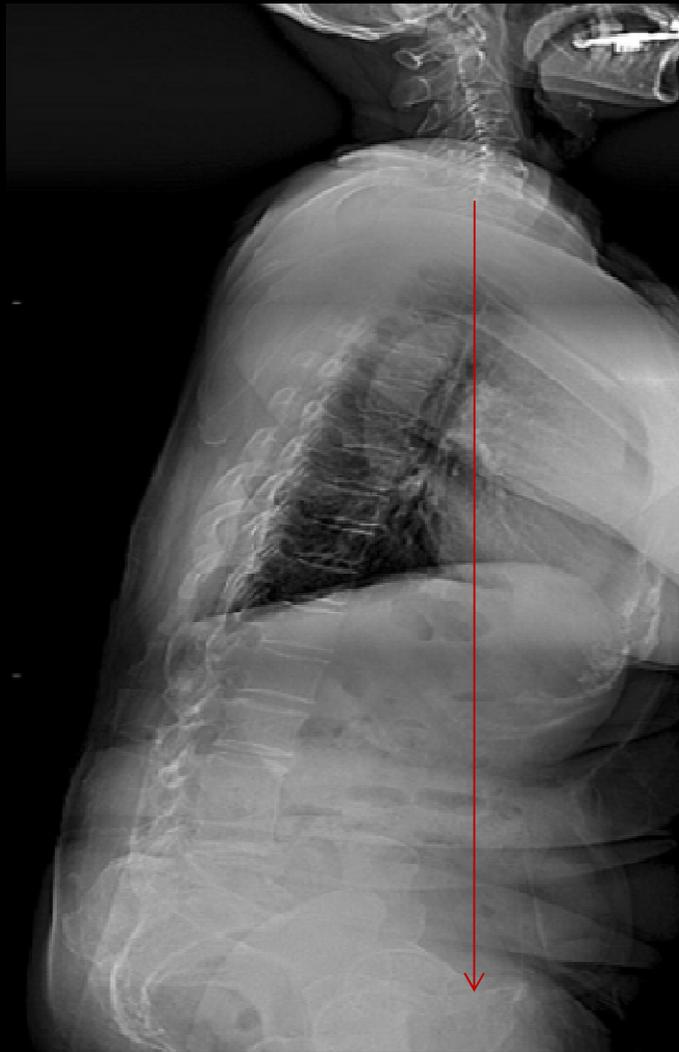


- C7 Lot ventral der BS L5/S1
- Verlust von lumbaler Lordose und thorakaler Kyphose

PSO at L3



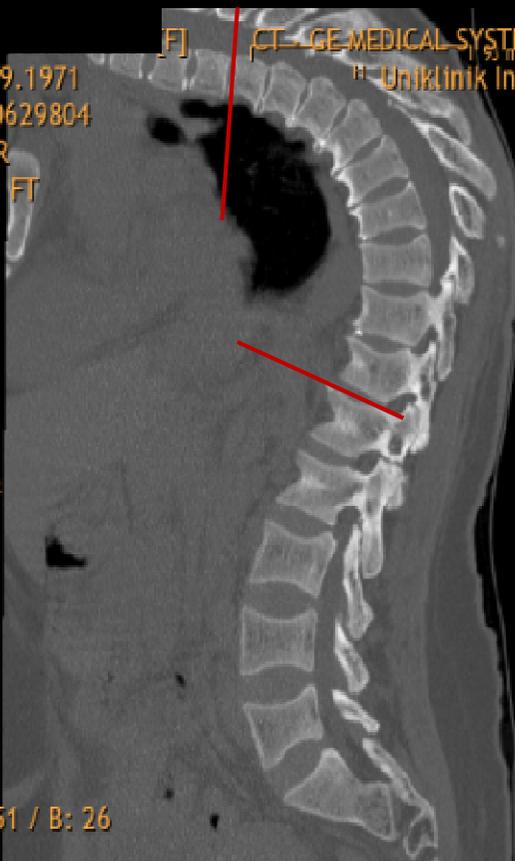
PSO at L4



PSO at L3



thoracic PSO at Th9



[F] CT - GE MEDICAL SYSTEMS - LightSpeed VCT
13.09.1971
2100629804
ORFR
RTA: FT
Uniklinik Innsbruck Radiologie 1
CTBWS, CTLWS
Processed Images
14.04.2009, 16:15:00
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AR

PL
93 mm

L: 350.00
W: 2000.00
Z: 1.00
R: 0° S:
P: 0/0
FOV: 359.00mm x 359.00mm

S: 451 / B: 26
HFS
ST: 2.00
RES: 512x512



WENGER SANDRA [F] CT - GE MEDICAL SYSTEMS - LightSpeed VCT
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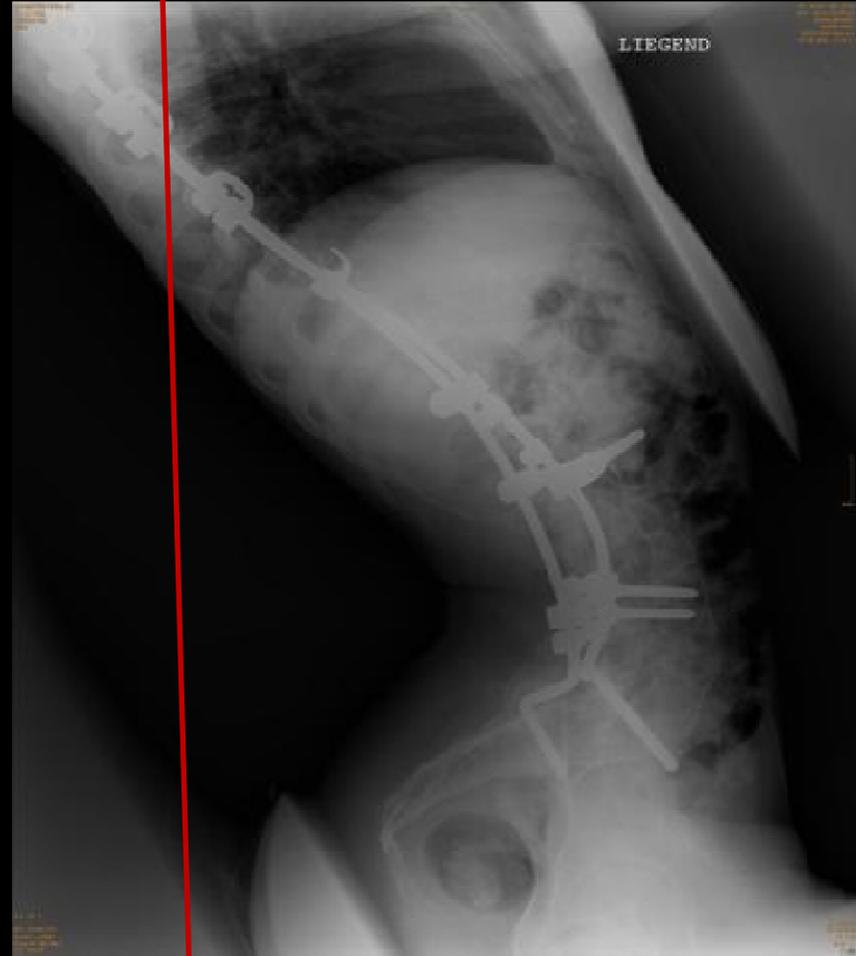
P
107 mm

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P: 0/0

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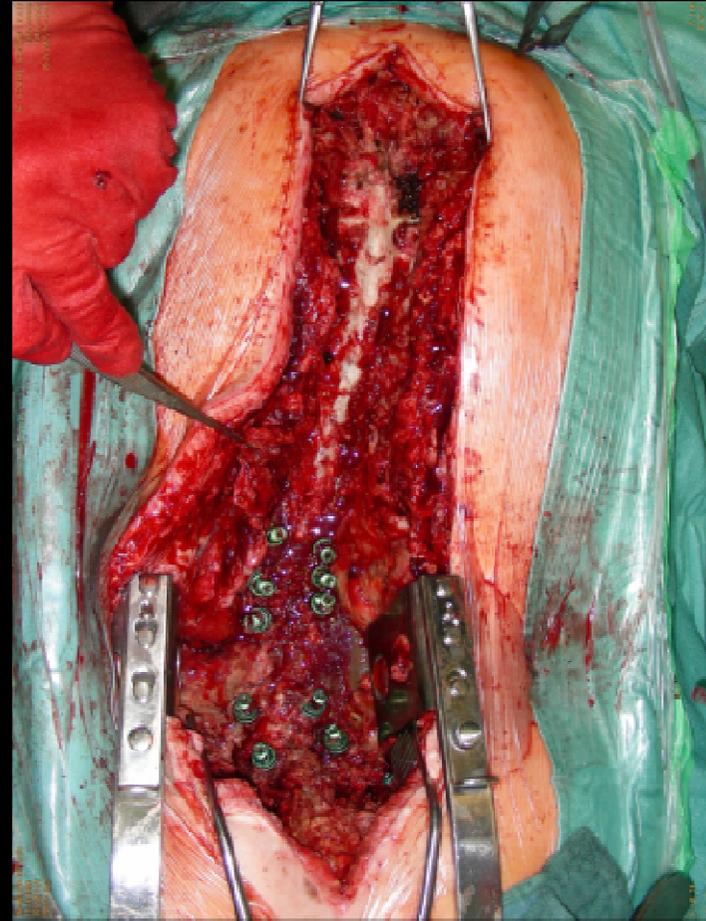
VCR

1995: posterior instrumentation,
negative decompensation of sagittal balance

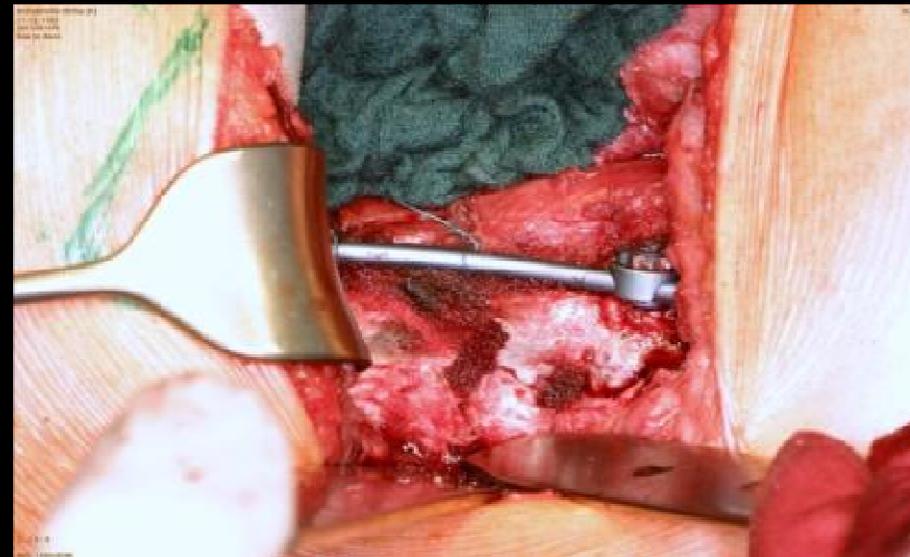
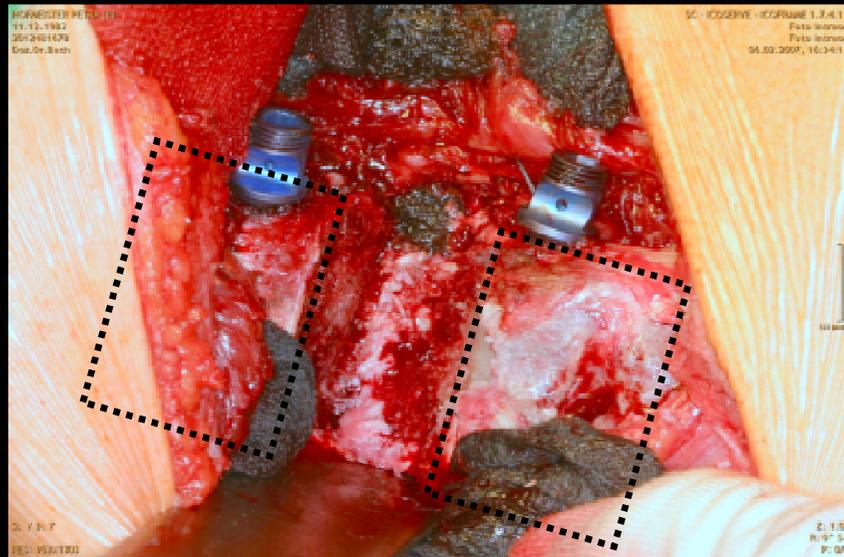
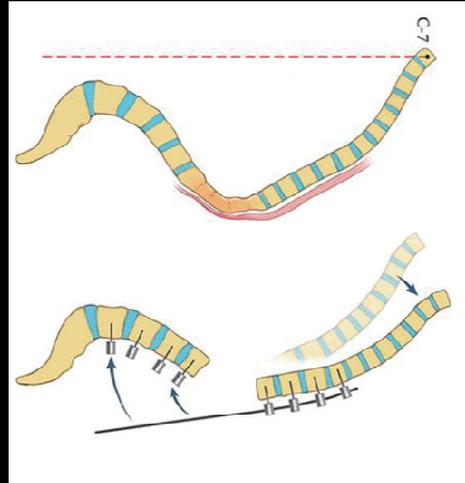


Sagittal profile !

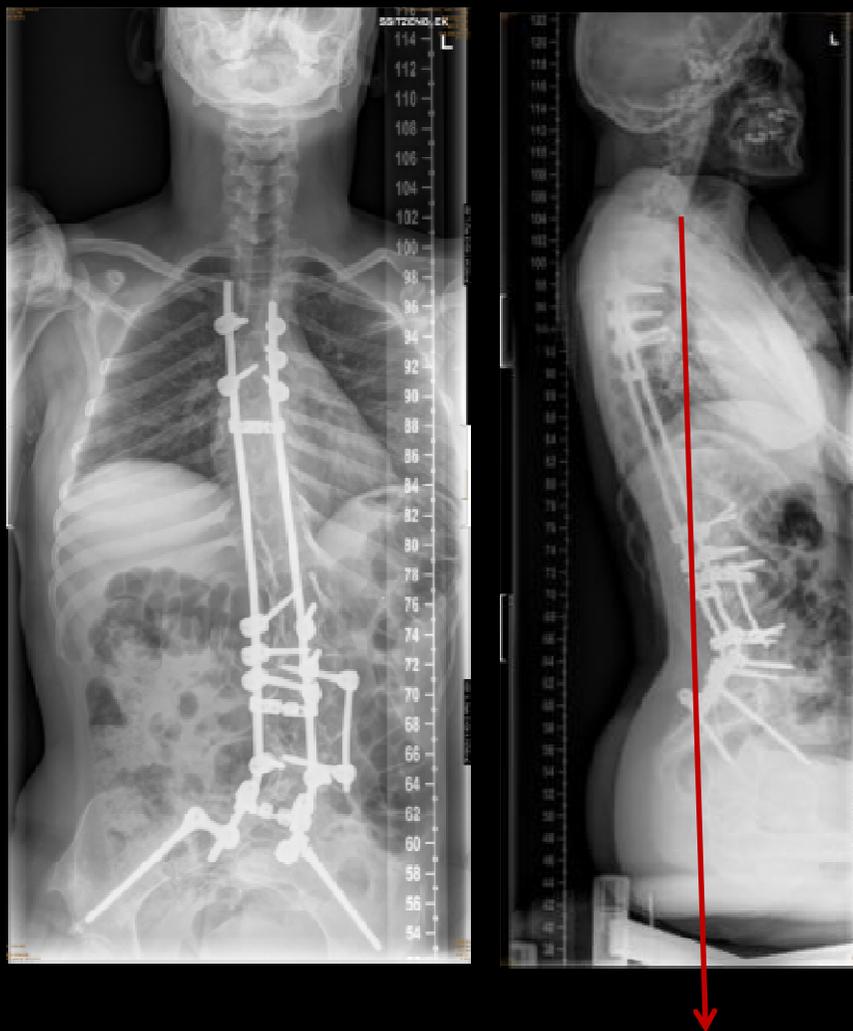
Removal of hardware, reinstrumentation, posterior osteotomy



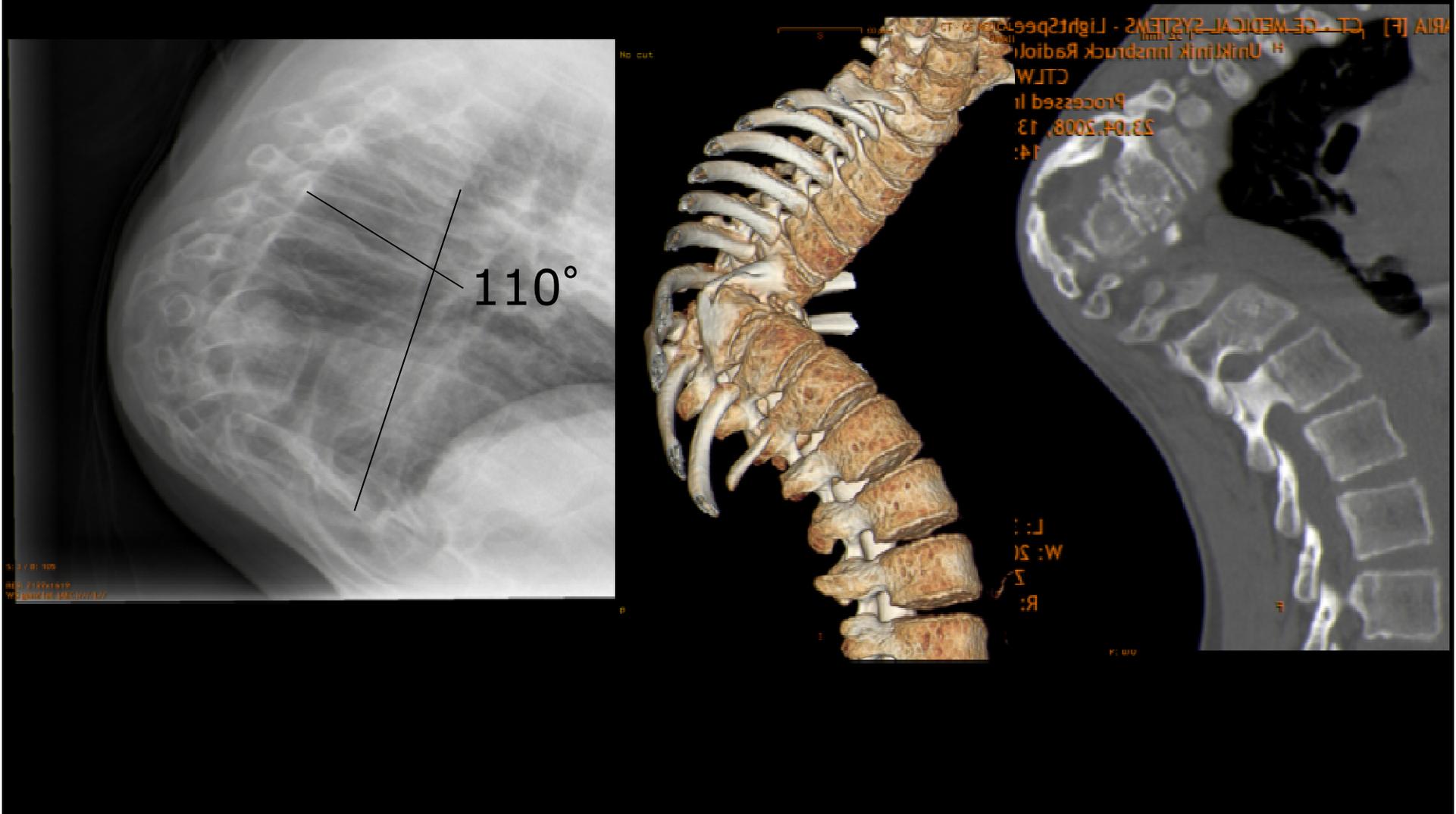
Anterior osteotomy: vertebral column resection



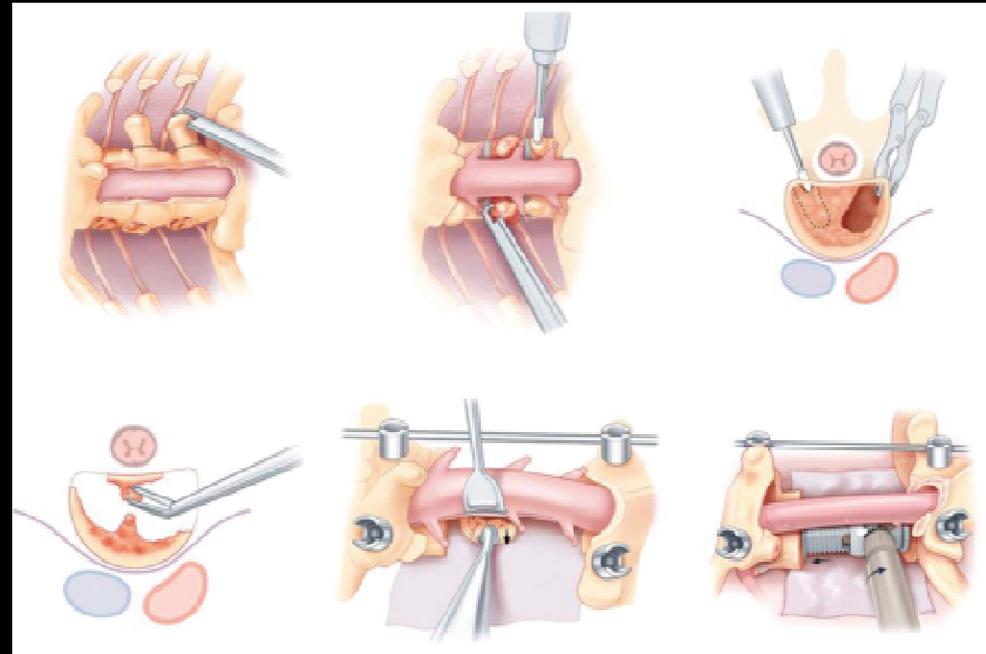
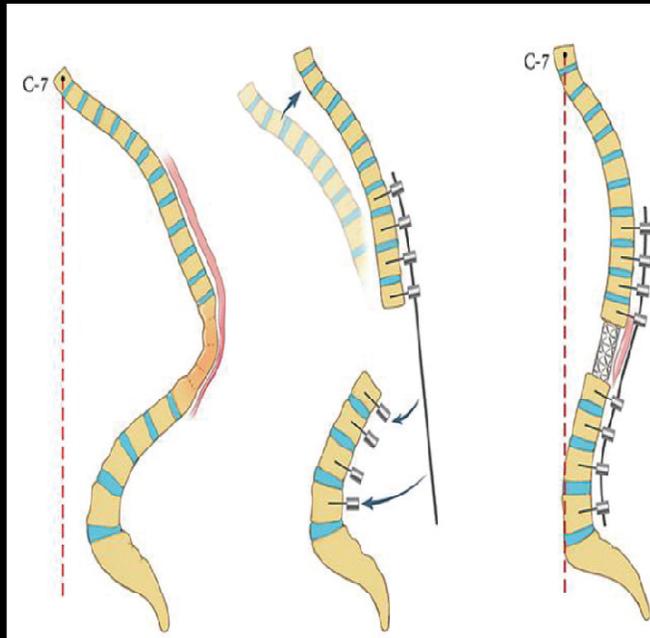
Posterior instrumentation



iatrogen thoracic hyperkyphosis



VCR – vertebral column resection



360° release: removal all posterior and anterior bony structures by an posterior approach (costotransversectomy)
anterior grafting (Hypomochlion)
Posterior compression, step by step posterior shortening leading to gradual reduction under Spinal Cord Monitoring

Konklusion

Kyphosebehandlung

Sehr variable Indikation, abhängig von der Ursache



Konservative Behandlung: Korsett

- meist nicht effektiv
NUR
- bei flexiblen Kyphosen
- bei Restwachstumspotential
- postoperativ



Operation

M. Scheuermann: bei $> 70^\circ$ und
Schmerzsymptomatik

kongenitale Kyphosen: frühzeitig bei
Progression

iatrogen (Laminektomiekyphose bei
Tumor, Bestrahlung, Postentzündlich,
Posttraumatisch): sofort



Operation: *flat back syndrome*

RKO WZ 1B, Wirbel



Prevention of sagittal imbalance

- Check sagittal balance preoperatively
- Restore or maintain sagittal balance in primary surgery

Treatment of sagittal imbalance

- Use anterior grafting and/or posterior osteotomies in mild cases of sagittal decompensation
- Use PSO or VCR in cases of severe sagittal decompensation

DANKE...

Innsbruck



Köln

