

OCTAGENERIAN LADY STARTS WALKING AFTER EXTENSIVE SPINAL SURGERY

An eighty-year-old lady had a trivial fall at home in Jamshedpur and started having back pain. Three to four days later the pain in back got worsened. She was taken to a hospital in Jamshedpur and diagnosed an osteoporotic fracture of L1 vertebra. The treating doctor advised complete bed rest for 6 weeks. However, even three weeks later the pain persisted and was shifted to Fortis Hospital under Dr. Amitabha Chanda.

INVESTIGATION:

An MRI was repeated along with the CT scan and an X-ray of spine, which showed a burst fracture of L1 vertebra and retropulsion of bone fragment into spinal canal.

PROCEDURE:

Pedicle screws were inserted in the bodies of D10, D11, D12, L2 and L4 bodies. Screws could not be placed in L3 as the body of L3 vertebra was attenuated by previous osteoporotic collapse. Decompression was done. Kyphosis was corrected by connecting rods and transverse connector. The postoperative X-rays in standing position looked excellent. The patient showed an outstanding recovery and soon became ambulatory.

INFERENCE:

Prolonged bed rest is an old-fashioned treatment. Moreover, prolonged rest, especially in elderly patients, can be extremely hazardous leading to pneumonia, deep vein thrombosis and bed sore. In this type of cases if the fracture is stable and there is no retropulsion of fracture fragment in the spinal canal, vertebroplasty is always recommended. However, if the fracture is unstable and/or there is retropulsion of bone fragment into the canal, the spine should be stabilized and spinal cord should be decompressed. Thus a spinal decompression and fixation are necessary using pedicle screw and rods. However, the problem was with the bones which were osteoporotic. In osteoporotic bone the chance of screw pull-out is always high. To solve this problem, a different technique was applied. Fenestrated screws through which bone cement was injected, was used to rule out any chances of screw pull out.



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