

Case 2 72 y.o. female

✿ CC: #1 Bil. leg pain

#2 Intermittent claudication

✿ PH:

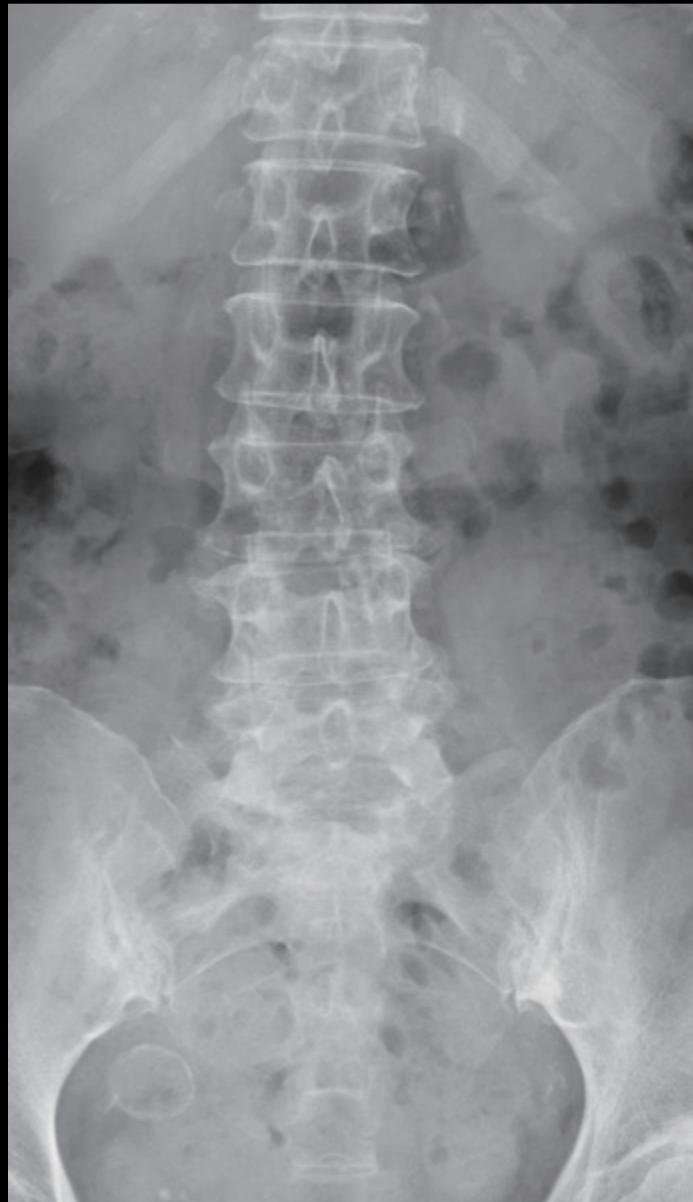
- Cervical spinal cord injury (laminoplasty)
- Diabetes mellitus

✿ History of present Illness:

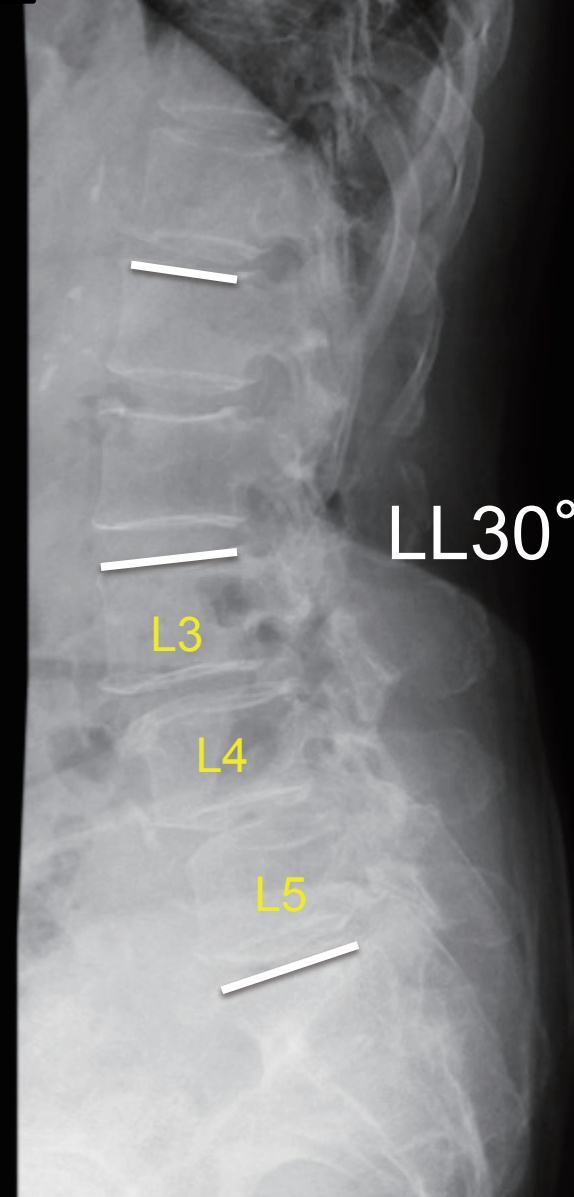
- Bil. leg pain and intermittent claudication for 3 years
- Conservative treatment was not effective.



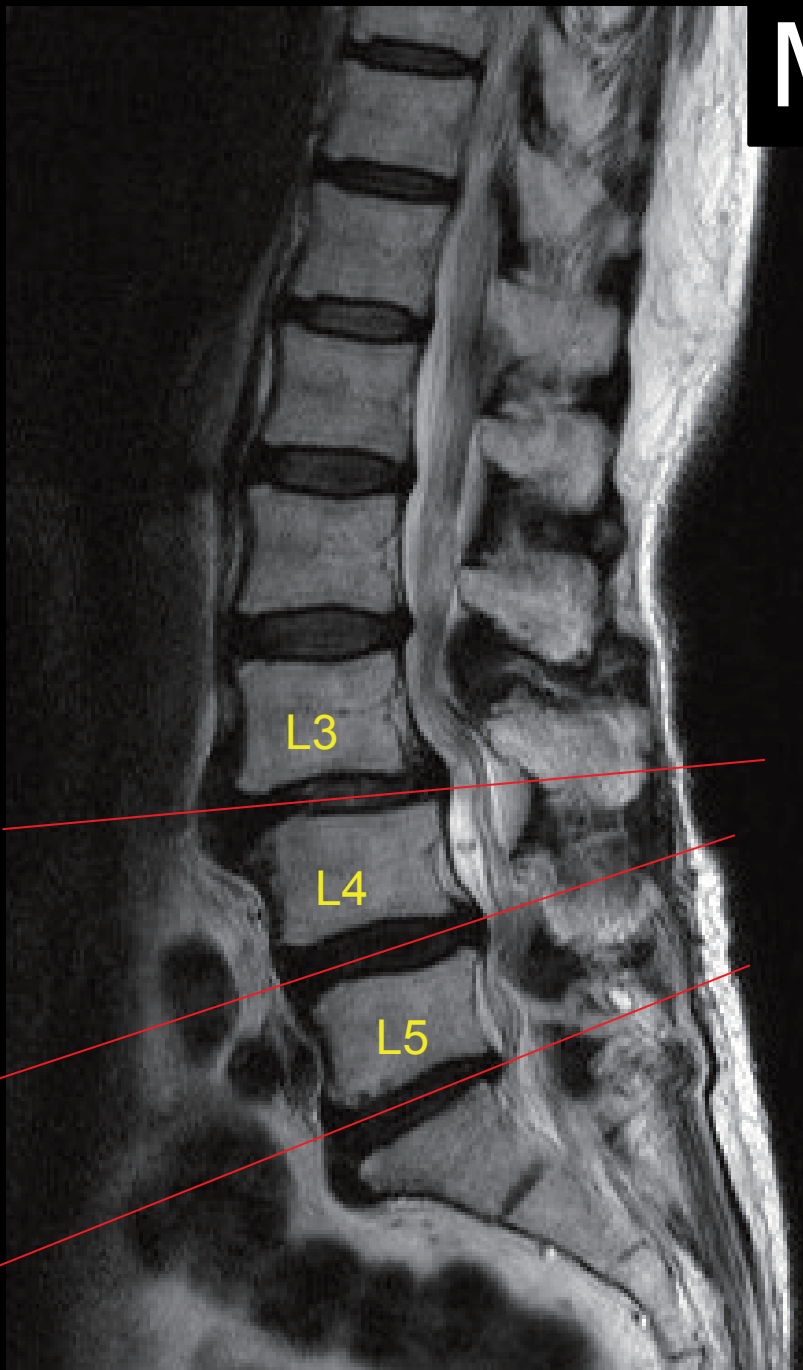
Pre Op. lumbar X-ray



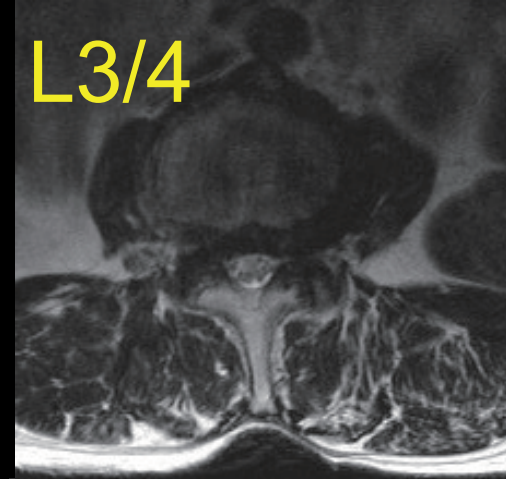
No whole spine X-ray



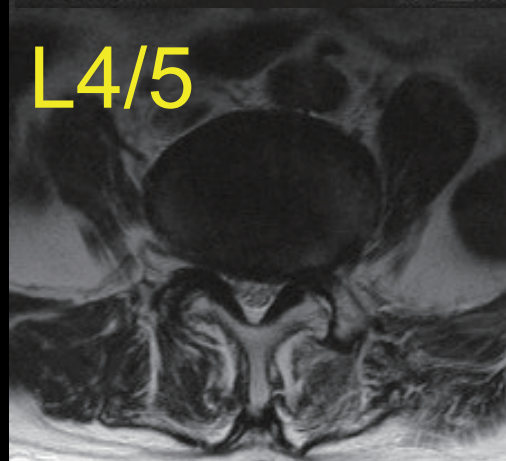
MRI



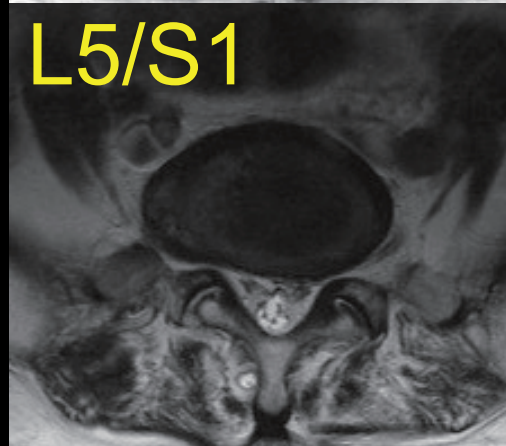
L3/4



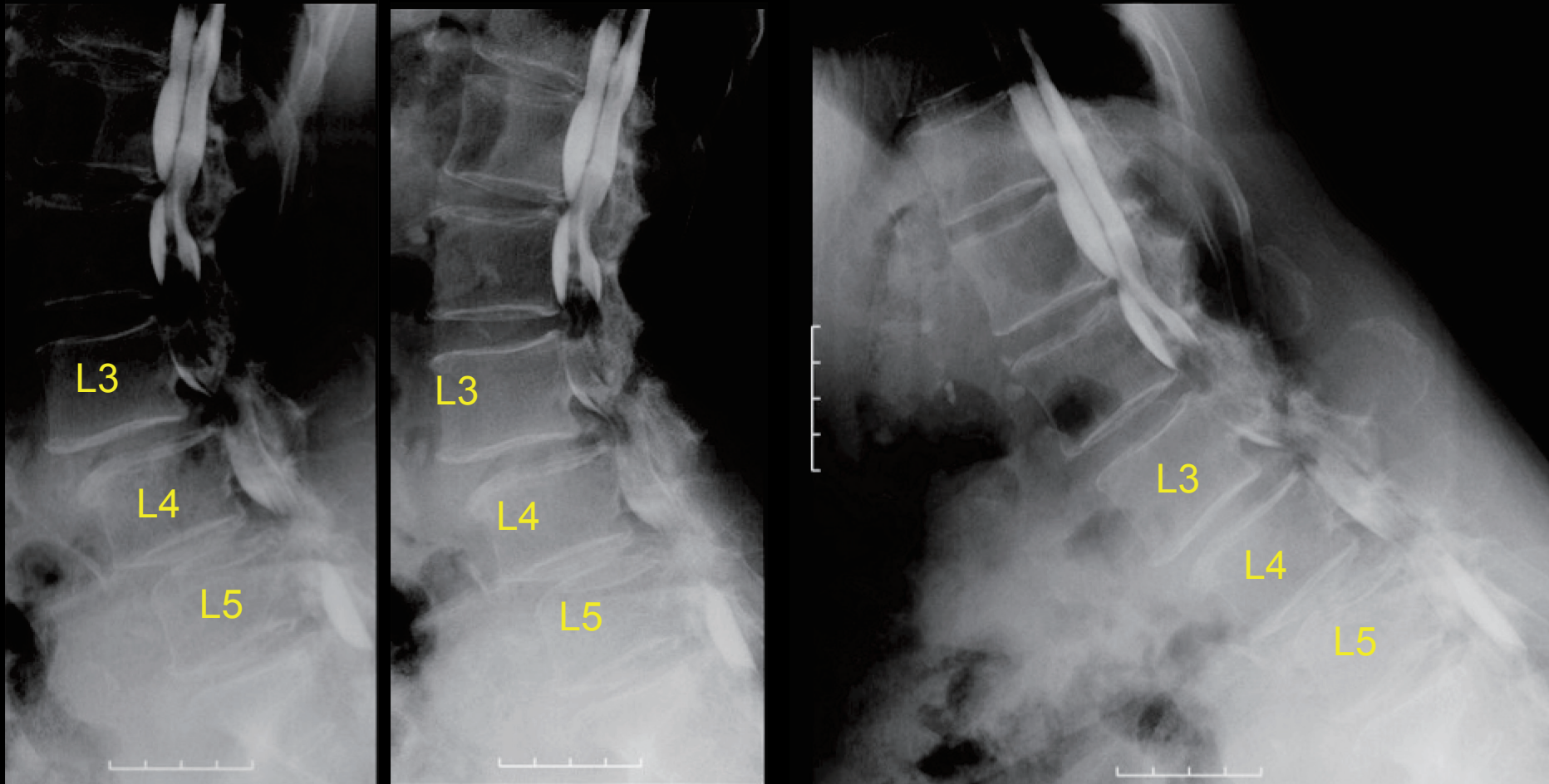
L4/5



L5/S1



Myelogram



L3 & L4 Spondylolisthesis and stenosis at L2/3/4/5



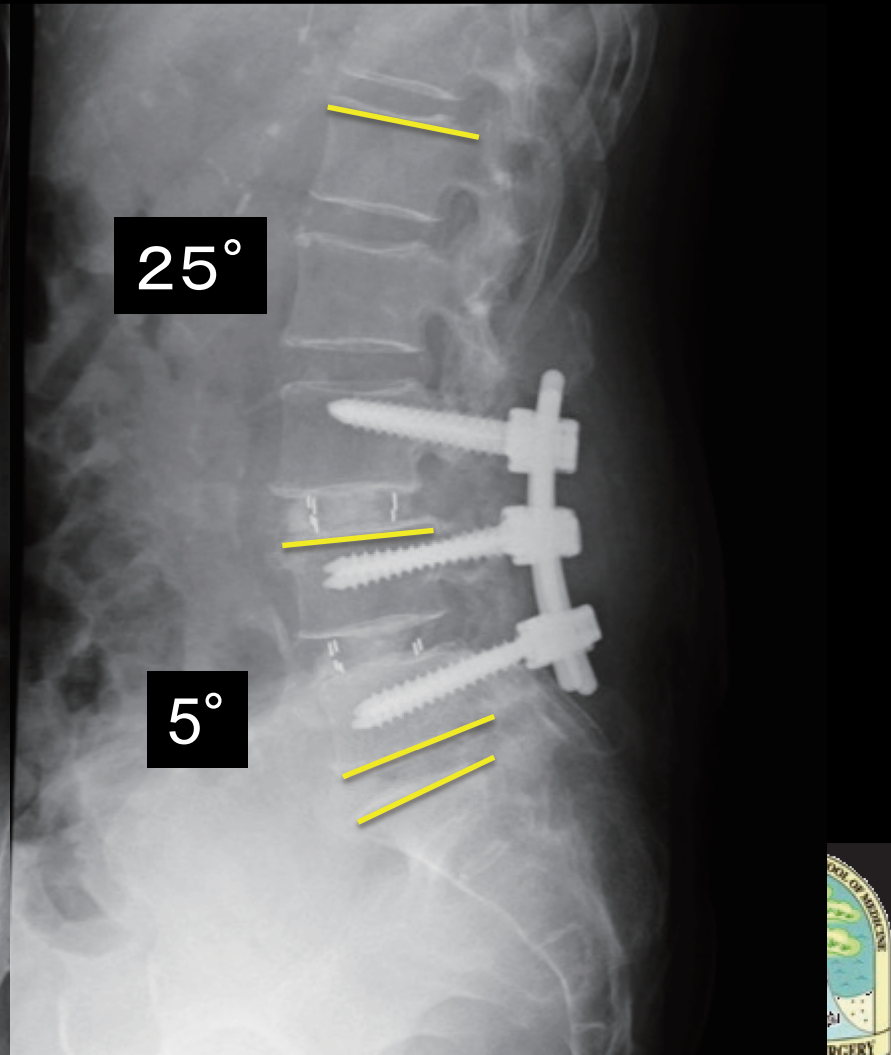
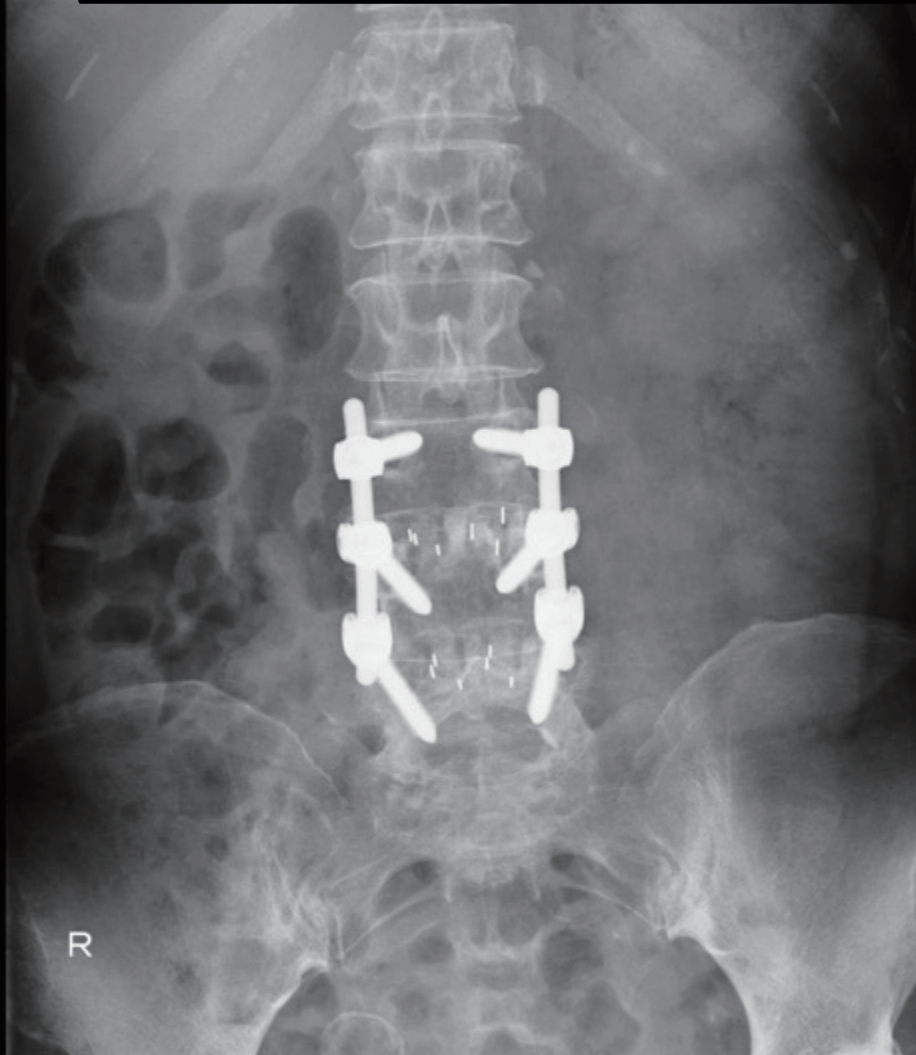
Case 2 Discussion 1

❁ D1: When you perform surgical treatment for this case TODAY (with no whole spine X-ray), what kind of procedure do you choose ?

Decompression, decompression & fusion,
LLIF, corrective fusion etc...

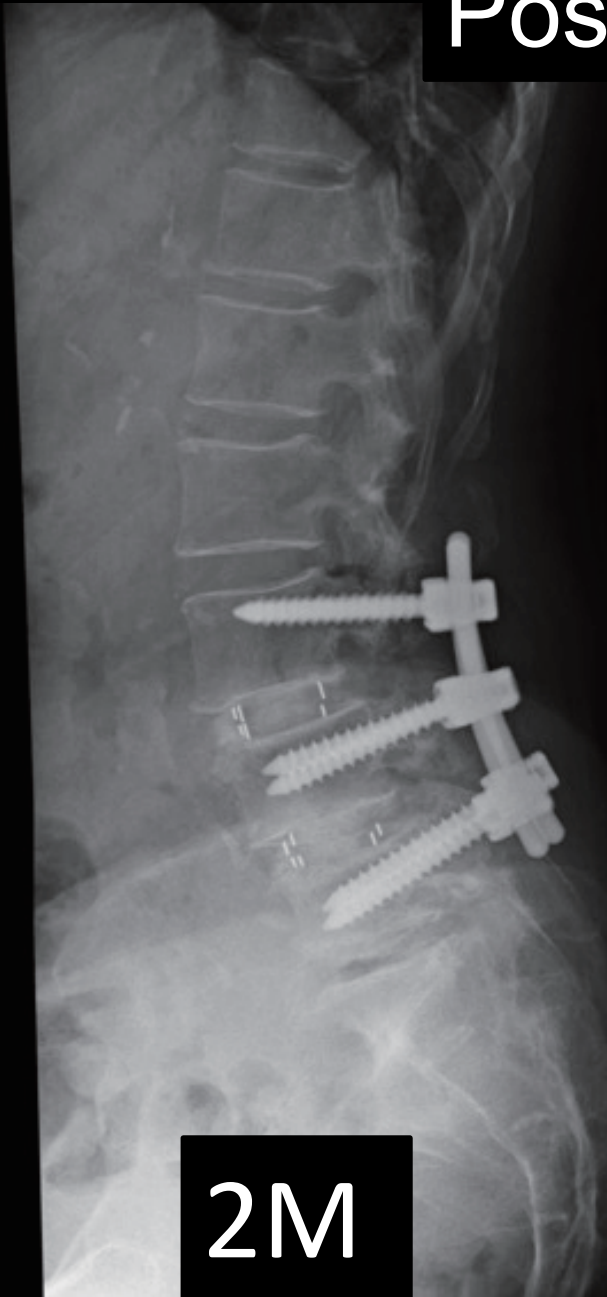


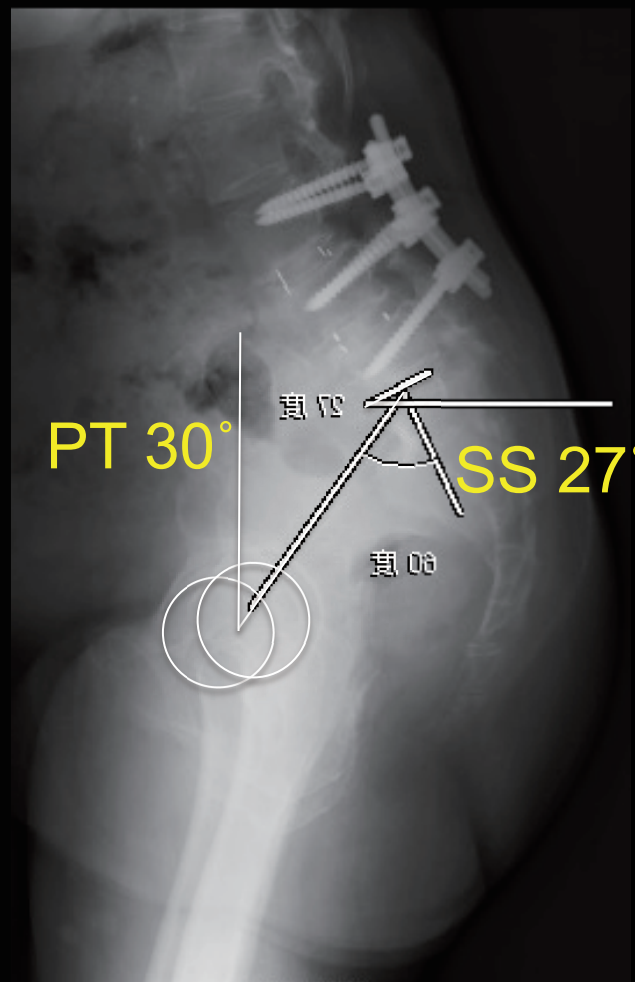
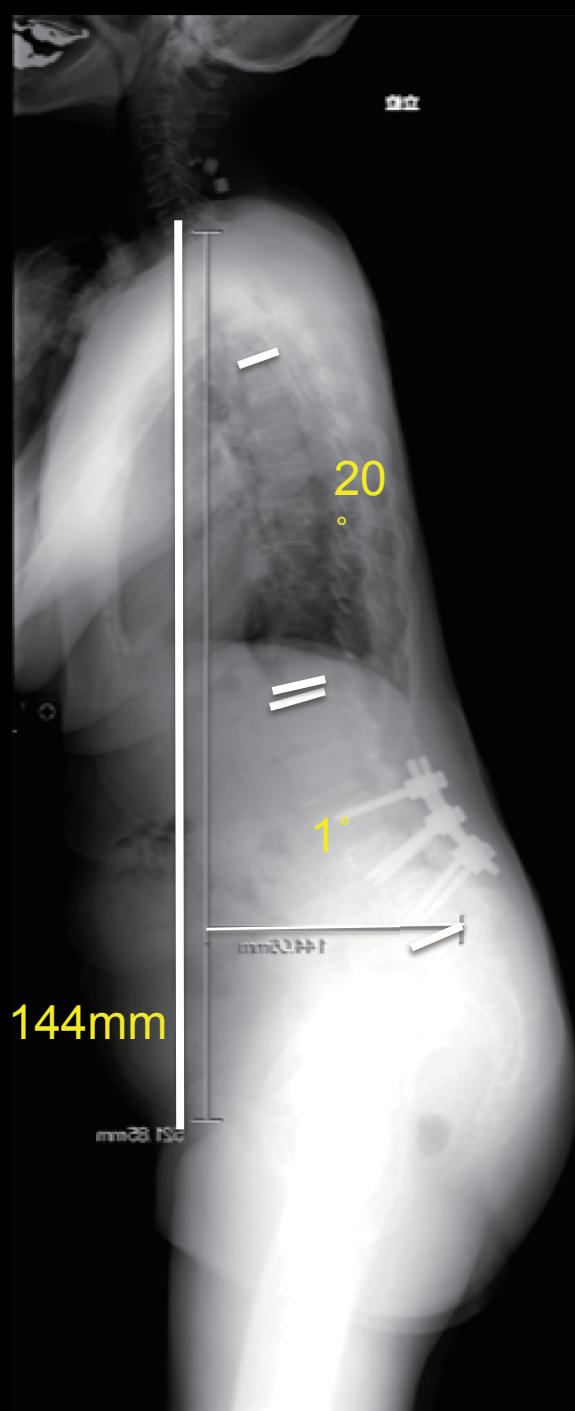
Primary Surgery L3/4/5 PLIF with L2/3 decompression



Post operative course

Progressive forward-bending posture



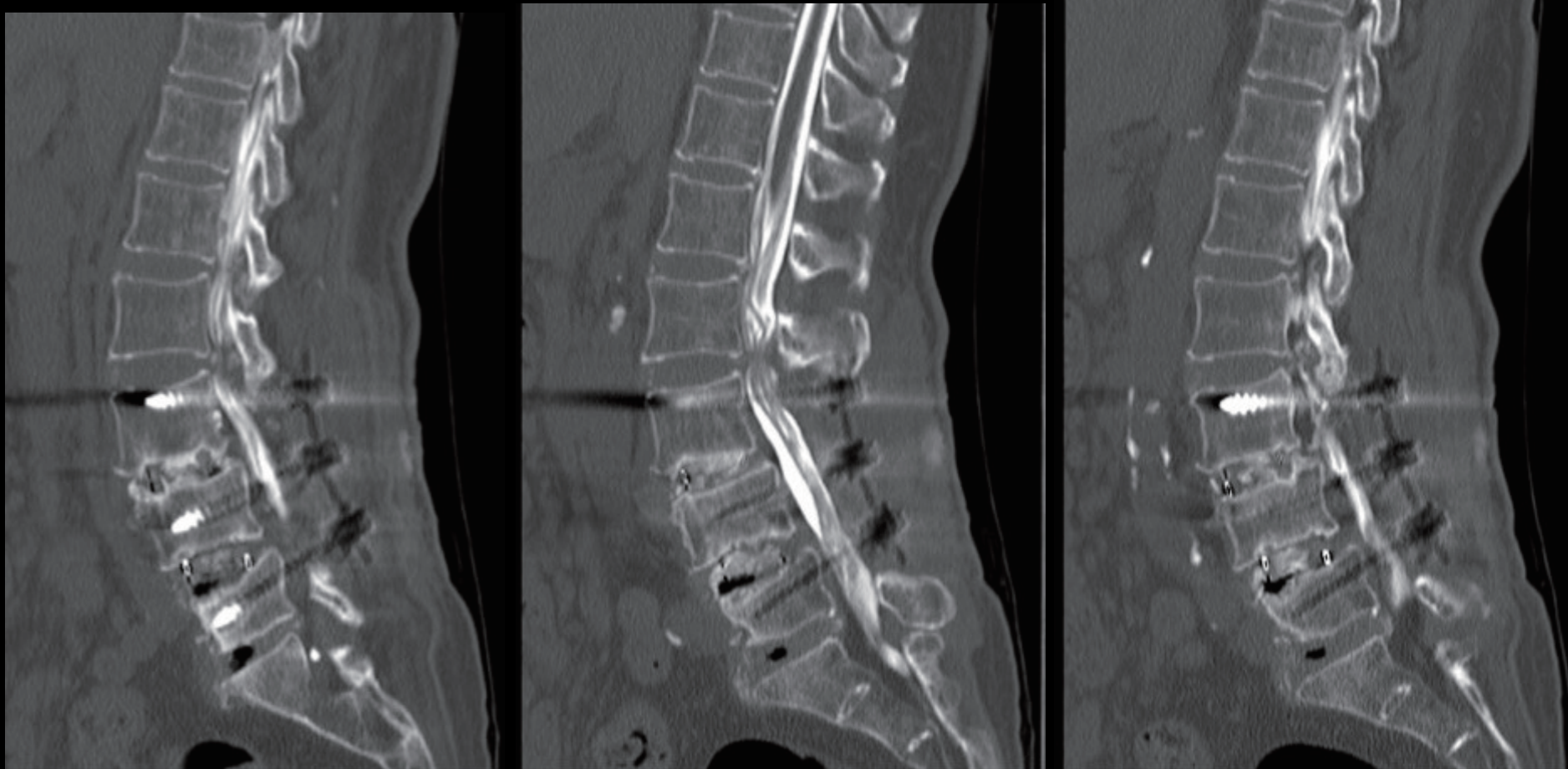


TK	20°
LL	1°
SVA	144 _{mm}
SS	30°
PT	27°
PI	57°



CTM

left → center → right



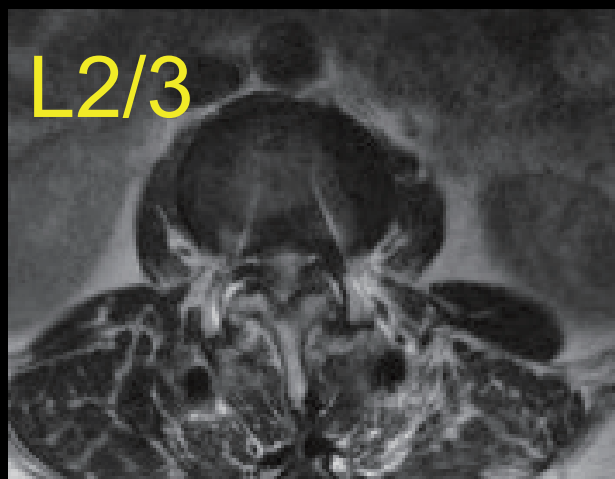
- L5 screw loosening
- L3/4 fusion, L4/5 fusion has not achieved



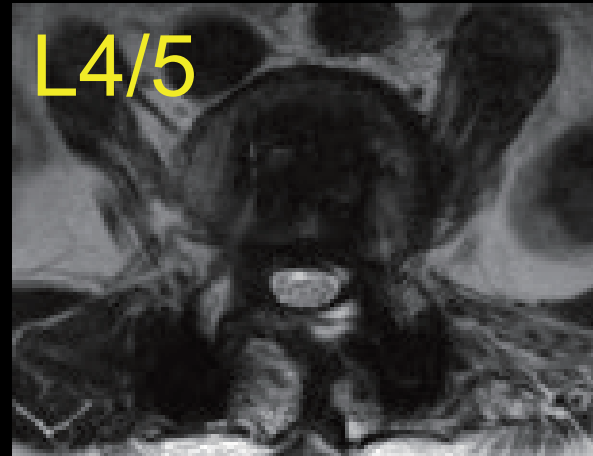
MRI T2WI

TOYOHAI
[Imp]

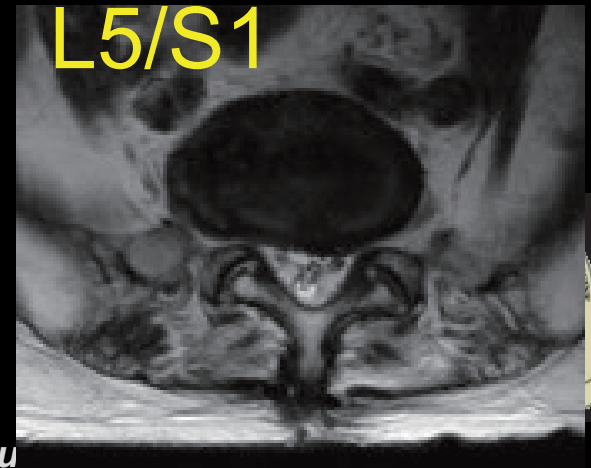
L2/3



L4/5



L5/S1



Case summary

- ✿ Iatrogenic flat back (LL 1°) after L3-5PLIF (sagittal imbalance)
- ✿ L5 pedicle screw loosening and L5/S1 local kyphosis in standing position
- ✿ L3/4 fusion, but L4/5 fusion has not achieved



Case 2 Discussion 2 and 3

❁ D2: What was the reason why the primary surgery went wrong in this case ?

Please explain your opinion.

❁ D3: What is your revision plan for this case?

Fusion levels, approach, osteotomy etc.

