

胸椎後縦靱帯骨化症 (OPLL) 手術における Br-MEP のアラームポイント

— 8 年後越しの検討 —

How to Prevent Postoperative Paralysis from Ossification of
Posterior Longitudinal Ligament (OPLL) Surgery
— Nationwide Multi-Institution Survey over 8 years —

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要 旨

2010～2011年の報告では麻痺の臨界点(15%以下時)を示したが、麻痺を未然に防ぐアラームポイントは未検討であった。今回の再検討で、15%以下への低下が麻痺を呈するという妥当性が示されるとともに、すべての麻痺例を未然に防ぐには少なくとも18%以下に低下する以前にアラームすべきであり、20%低下をアラームとすれば麻痺は防ぎ得る可能性がある。

Abstract

Purpose : From 2012 to 2015, the Monitoring Committee of the Japanese Society for Spine Surgery and Related Research conducted a nationwide multi-institution survey. The purpose of this study is to review the operations that caused postoperative paralysis and the monitoring alarm points in the patients who underwent thoracic OPLL surgery.

Method : The nationwide multi-institution 2012-2015 questionnaire data were accumulated. From the 86 cases who had received thoracic OPLL surgery, we selected the 12 cases that exhibited postoperative paralysis as the subjects of this study. The items in the questionnaire were about the details of the paralysis (the operative level, the technique performed, the derivation site/number of muscles, the preoperative and postoperative Manual Muscle Testing, the operation that caused the monitoring waveform changed, the presence/absence of postoperative sensory disturbance, the duration of postoperative paralysis, the complications, and a copy of charts showing the preoperative and postoperative waveforms.) In this study, we considered (1) the points of Br-MEP at which the monitoring waveforms were reduced (the operations that presumably caused paralysis) and (2) the

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