

## 経皮的内視鏡下腰椎椎間板ヘルニア摘出術 197例の臨床検討

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**Key words** ■ 経皮的内視鏡下腰椎椎間板ヘルニア摘出術 (percutaneous endoscopic lumbar discectomy), 経椎間孔アプローチ (transforaminal approach), 経椎弓間アプローチ (interlaminar approach)

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**要旨**: 経皮的内視鏡下腰椎椎間板ヘルニア摘出術は局麻下での7mm切開の一泊手術であり, 3手術法手順と適応について検討する. 2007.4月以降2008.3月末で197例. 男136例, 女61例, 平均48.8歳であった. L2/3~L5/S1; 経椎間孔法112例, High iliac crestのL5/S1; 経椎弓間法64例, 外側ヘルニア; 椎間孔外法21例を行った. 移動上下各1.0 cm以上, 不安定性存在, 外側陥凹狭窄3mm以下, 分離部骨増殖などは除外した. JOA scoreは術前(N=197) 11.1, 1 M後20.5, 3 M後22.2, 6 M後22.0, 臀部下肢痛VASは術前7.2, 1 M後2.1, 3M後1.6, 6 M後1.5と改善した. 再手術は16名(8%)になされた. レベル誤認1例, 出血による視野不明1例, 血圧低下1例, 疼痛強度のため全麻への変更2例, 取り残し4例, 再脱出4例(2%), 術後発生の神経癒着3例であった.

### Summary

Percutaneous Endoscopic Lumbar Discectomy is a one night stay surgery with a 7 mm incision under local anesthesia. We discuss 3 methods and each indication for 197 herniations from April 2007 to March 2008. The average age was 48.8 years old, 136 men, 61 women. They were 112 transforaminal approaches from L2/3 to L5/S1, 64 interlaminar approaches for L5/S1 with high iliac crest and 21 extraforaminal approaches for lateral herniations. The migration over more than 1cm, instability, lateral recess less than 3mm and osseous proliferation were excluded. JOA score was 11.1 preoperatively, 20.5 (1 month later), 22.2 (3M), and 22.0 (6M). VAS of buttock and legs pain were 7.2 preoperatively, 2.1 (1M), 1.6 (3M), 1.5 (6M later). 16 revision operations (8%) were for 1 level mistook case, 1 unclear view due to bleeding, 1 decreased blood pressure, 2 impossible insertions, 4 remnants, 4 recurrences and 3 adhesions of post-operation.

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*Fujio ITO et al*: Clinical study of 197 patients operated by percutaneous endoscopic lumbar discectomy

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