

経皮的内視鏡下頸椎椎間板ヘルニア摘出術の臨床経験

—前方法と後方法

Clinical Experiences of Percutaneous Endoscopic Cervical Discectomy
—Anterior Approach and Posterior Approach

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要 旨

脊髄外側端から内側までの頸椎ヘルニア33例は前方法で、脊髄外側端より外側の8例は後方法で経皮的内視鏡下に手術した。前方法は discography の手順要領で3.8×6.2mmの外套管を使用した。後方法は7.5mm 外套管内で、椎間関節の内側約半分を切削する椎間孔拡大術を行った。Macnab 評価法で、前方法は満足群(優・良)29例、不満足群(下・不可)4例中 ACDF 1例、再発1例に再手術がなされた。後方法7例は満足、不満足1例は星状神経節ブロックを反復した。

Abstract

Cervical disc herniation can be treated by anterior (A) and posterior (P) approach using percutaneous endoscopy (PE). We will discuss the indications, procedures and results between the two approaches. We have done 33 cases by A-approach and 8 cases from P-approach. A-approach is suitable for a herniation located inside the lateral edge of the spinal cord. P-approach is suitable for a herniation located outside the lateral edge of the spinal cord, sometimes extending into the foramen. The outcome was evaluated by Macnab's score and VAS in the neck and the upper extremity.

In the A-group, the outcome after initial operation was judged to be satisfactory in 29 patients and unsatisfactory in four. In one poor case, ACDF for removing bone spur was needed. Another poor outcome resulted from insufficient removal of the disk. However, this was treated conservatively with fair results. In another unsatisfactory case, a recurrent herniation occurred two months after surgery, but after a second PECD surgery, the outcome was good. On the other hand, the result of P-approach was satisfactory in 7 cases and 1 case was fair which was treated by satellite ganglion blocks with good result.

PE is a safe and minimally invasive procedure for treatment of cervical herniation.

Key words : 頸椎椎間板ヘルニア (cervical disc herniation), 経皮的内視鏡下頸椎椎間板ヘルニア摘出術 (percutaneous endoscopic cervical discectomy), 経皮的内視鏡下頸椎椎間孔拡大術 (percutaneous endoscopic cervical foraminotomy)