THE INCIDENCE OF EARLY POSTOPERATIVE COMPLICATIONS AFTER RETROPERITONEAL LUMBAR CORPECTOMY

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Introduction

The retroperitoneal approach to the lumbar spine constitutes a well-established surgical strategy. It is used in many purposes such as corpectomy and anterior lumbar interbody fusion. Corpectomy is used in cases of fractures, infections and tumors.

Despite the overall good outcome, various complications may occur on rare occasionsrange from wound infection, painful scar to pseudo-hernia, peritonitis, pancreatitis, retroperitoneal fibrosis, cage displacement, nerve root injury and cauda equina after decompression of spinal cord. The majority of these complications are transient and self-limited, rarely, they may require a second surgical intervention, and if they remain undetected may lead to death.

Meticulous knowledge of all potential procedure-associated and postoperativecomplications is of paramount importance for their early prevention, recognition, and their proper management.

Aim of the Work

The study aimed at evaluation of incidence of early postoperative complications after lumbar retroperitoneal corpectomy surgeries.

Patients and Methods

A retrospective study upon all patients who underwent lumbar retroperitoneal corpectomy surgery between June 2011 and June 2021 for management of various lumbar spine pathologies done at Spine Unit, Orthopaedic Department, El Hadra University hospital, Alexandria University.Fourty-one patients undergone this approach and only five patients had complications. Preoperatively, all patients underwent complete clinical and radiological examinations. Patients were assessed postoperatively for any neurological deficit (motor, sensory and sphincters) and any possible early postoperative associated complications.Post-operative X-rays were done to assess position of the vertebral body replacement and CT was done if indicated.

Results

Table 1: Diagnosis data distribution according study Group

	Group A	Group B	Total	P value	Statistically		
	N = 36	N = 5	N = 41		significant		
Dx							
Aneurysmal bone cyst	2(5.56%)	0(0%)	2(4.88%)	0.1301	N. S		
Burst fracture	2(5.56%)	0(0%)	1(2.44%)				
Fracture	25(69.44%)	3(60%)	28(68.29%)				
Spondylodiscitis	3(8.33%)	0(0%)	3(7.32%)				
Old fixed fracture	5(13.89%)	1(20%)	6(14.63%)				
Osteolytic lesion	0(0%)	1(20%)	1(2.44%)				

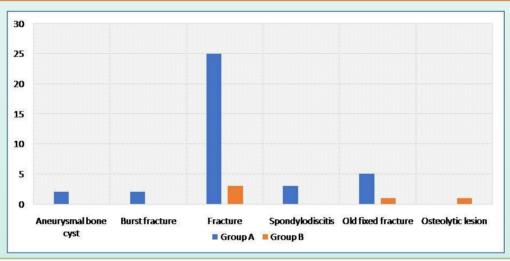


Figure 1: Diagnosis data distribution according study Group.

Table 2: Complications data distribution according study Group

	Group A	Group B	Total	P value	Statistically		
	N = 36	N = 5	N = 41		significant		
Complications							
No complications	36(100%)	0(0%)	36(87.8%)	<0.0001	Sig.		
chylous leakage	0(0%)	1(20%)	1(2.44%)				
iliopsoas	0(0%)	1(20%)	1(2.44%)				
weakness	0(070)	1(2070)	1(2.7770)				
peritoneal tear	0(0%)	2(40%)	2(4.88%)				
pseudohernia	0(0%)	1(20%)	1(2.44%)				

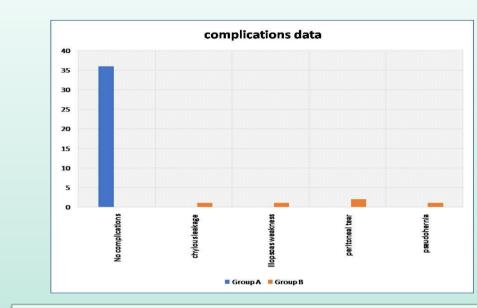


Figure 2: Complications data distribution according study Group.

Conclusion

The retroperitoneal approach to the lumbar spine constitutes a well-established easy surgical strategy. Despite the overall good outcome, various potential complications may occur on rare occasions.

After our study was conducted, we believe that in well trained experienced hand the incidence of complications after retroperitoneal approach for lumber corpectomy can be controlled to very low level of incidence and can be managed.



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