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P0376 - CERVICAL SKIP LAMINECTOMY: A COHORT ANALYSIS

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Resumen

Objectives: Cervical laminectomy in the setting of cervical spondylotic myelopathy is often considered in patients with multilevel degenerative disease, non-contiguous stenosis and with posterior pathology. This cohort of patient is often elderly with significant comorbidities. We aim to describe our experience with a modified laminectomy involving minimal disruption to paraspinal muscle and maximal decompression.

Methods: Retrospective cohort study. Patients who have undergone a cervical skip laminectomy over a 10-year period were identified and case-notes were utilized to obtain clinical data.

Results: 77 patients identified. Median age 71 years (interquartile range 62-80 years). 29 cases were operations on 3 or more levels and 11 cases were on non-contiguous levels. The overall complication rate was 10.4%: infection (5.2%), transient neurological deficit (1.3%), transient neck pain (2.6%) and dural tear (1.3%). Mean length of hospital stay was 5.2 days (95% confidence interval 4.1-6.4 days). 81% of patients had a good outcome (Modified Rankin Score 0-2) at post-operative review. 73% had improved or remained stable at post-operative review.

Conclusions: Cervical skip laminectomy has been shown to be an effective approach for multilevel and non-contiguous level cervical spondylotic myelopathy. Outcome is similar to that described for myelopathy following anterior surgery and complication rates are acceptable for this cohort of high-risk patients.