

FIXATION WITH PEDICLE SCREW FOR THORACO-LUMBAR SPINE FRACTURE: OUR EXPERIENCE AT IGIMS, SHEIKHPURA, PATNA-14

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Abstract

The thoracolumbar injuries are the commonest spinal cord injuries because dorsolumbar segment is an unstable zone between fixed dorsal and Mobile lumbar spine. The goal of the treatment of unstable thoracolumbar injuries is optimising neural decompression while providing stable internal fixation with interpedicular screw. This study was done on Thirty-two patients (M: F=3:1), 20-65 yrs (mean=38 yrs), with posttraumatic instability (duration <3weeks) of lower thoracic or upper lumbar spine were surgically managed. All the patients were mobilized on third or fourth days with thoracolumbar spinal brace (Rigid type), the spinal brace was worn for the three months postoperatively in all patients.

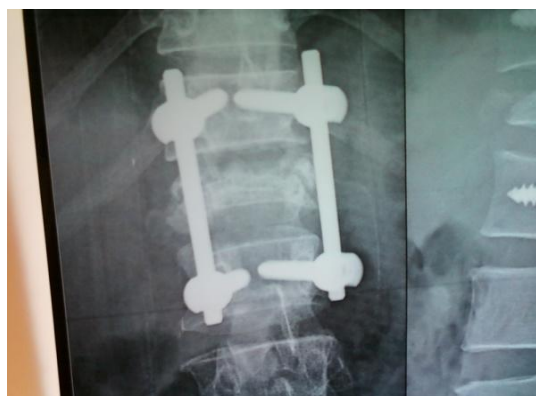
The neurological status of the patients recorded using Frankel grading. All patients with incomplete neurological deficit had some amount of neurological, recovery was seen in 83.33% of patients but, no recovery was seen with complete neurological injury. Complications like bed sore, superficial wound infections and peroperative dural tear were seen but all of which were treated successfully. No neurological deterioration after operation, screw pull out and implant failure were seen. This study indicates that short segment pedicular screw fixation is a safe and effective method for treatment of unstable spinal injury.



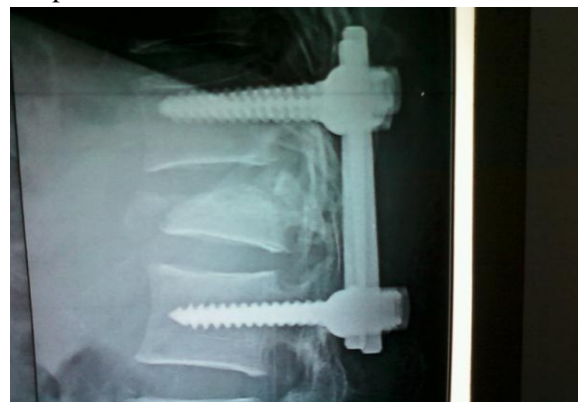
Preoperative MRI burst fracture L₁



Preoperative MRI cross section D₁₂-L₁



Postoperative X-Ray Lateral view



Postoperative X-Ray AP view