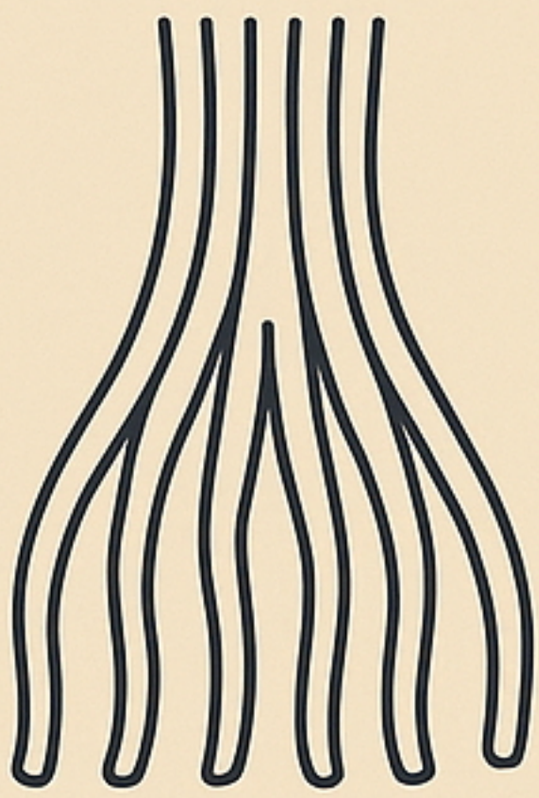

Glostrup - Rygkirurgi

AKUTTE RYGKIRURGISKE PROBLEMSTILLINGER



DROPFOD



CAUDA EQUINA-SYNDROM



TVÆRSNITS-SYNDROM



INTRAKTABLE SMERTER

Hvorfor udvikles 'slidgigt'
i lænderyggen?



Risikofaktorer for slidgigt



Køn



Overvægt



Stress



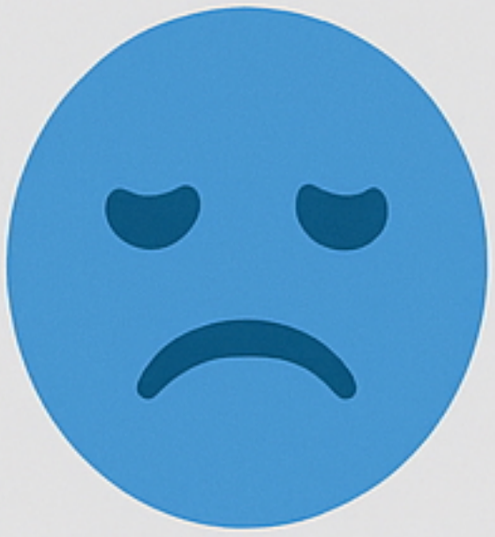
Infektion



Uddannelse



Arbejds-skader



Depression



Alder



Genetik



Rygning



Forvridning



Socio-ekonomi

Diskusdegeneration

Multifaktoriel kumulativ årsagsmodel

”slidgigt” skyldes gradvis nedbrydning/udtørring af diskusskiverne - processen acclereres hos rygere



Genetik
60 %



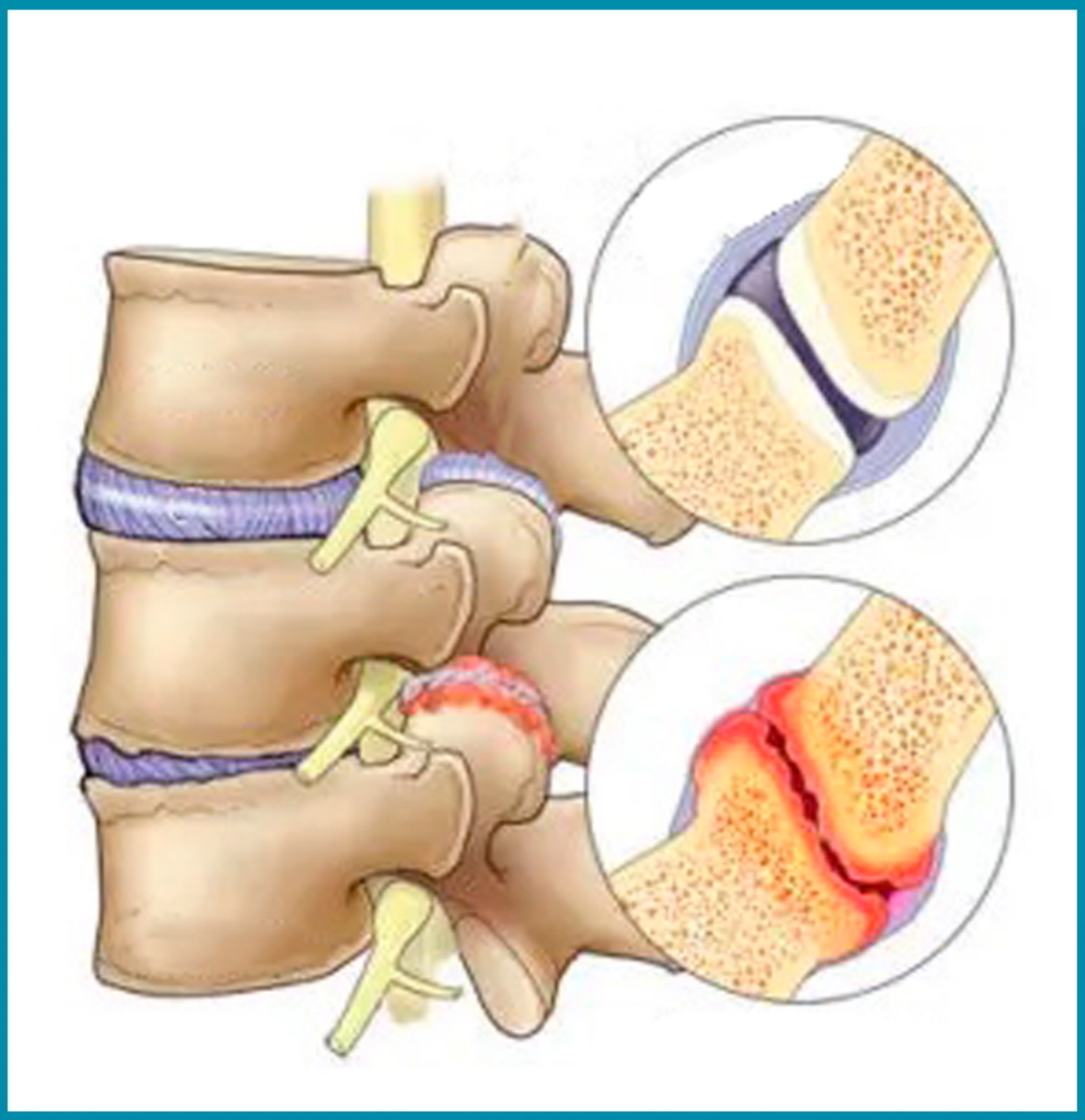
Rygning
15 %



Aldring
10 %



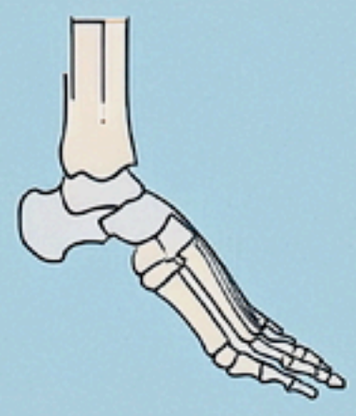
Forløftning
5 %



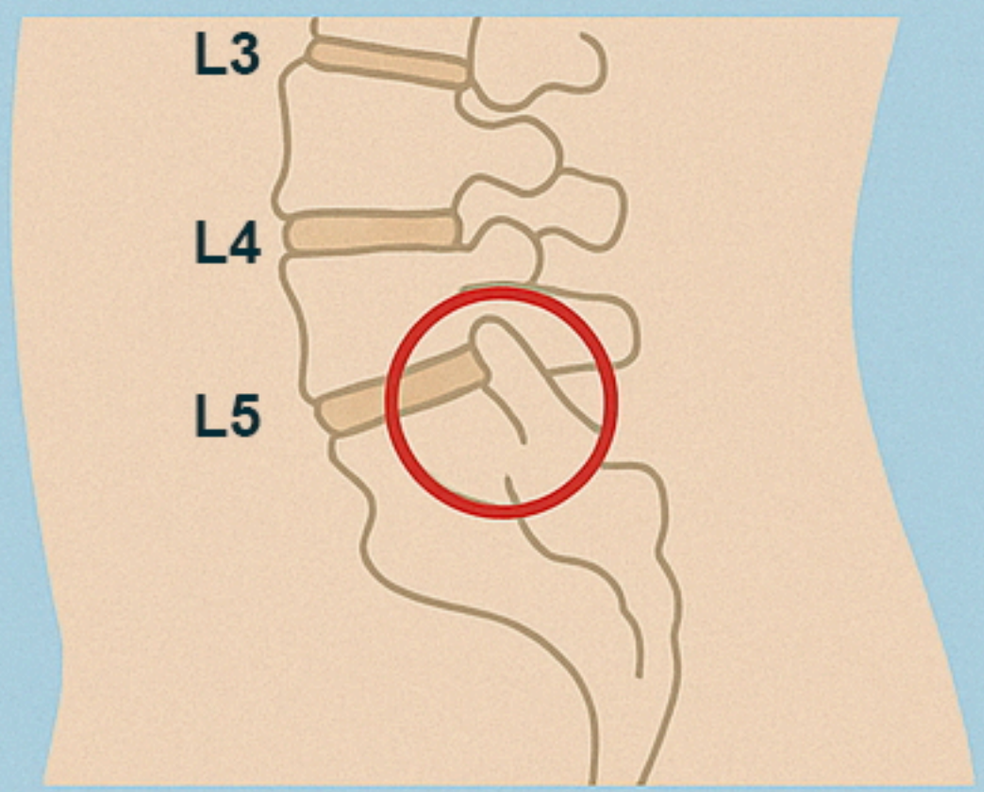
Prolapser er sjældent traumatiske

Anerkendelse som arbejdsrelateret kræver tungt løftearbejde, typisk 8-10 år, hvor den daglige løftemængde udgør 8-10 tons.

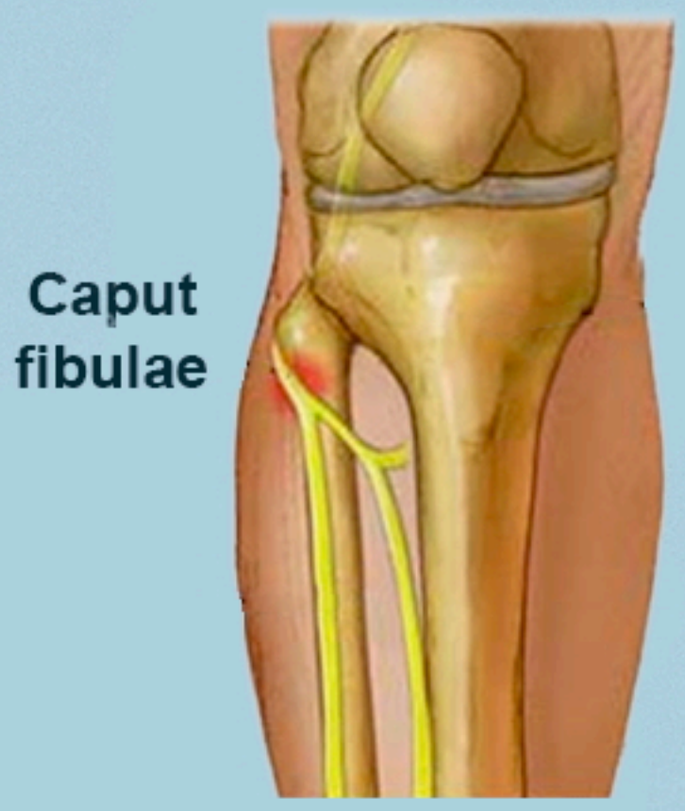
Dropfod



Lumbalt rodtryk



N. peroneus-parese



- ✓ Ryganamnese
- ✓ Lumbago
- ✓ Iskias
- ✓ Dermatom (L4,L5)
- ✓ Lasègue (SLR)
- ✓ Nedsat inversion
- ✓ Refleksudfald
- ✓ Akut radiologi

- ✓ Korsbensstilling
- ✓ Hugsiddestilling
- ✓ Caput f. ømhed
- ✓ Føletab (1.-2. tå)
- ✓ Tinel
- ✓ Akut EMG

Parese kraft grad 3: kan udføre aktiv bevægelse i hele det normale bevægeudslag (ROM, 20°), men kun mod tyngdekraften – ikke mod yderligere modstand.

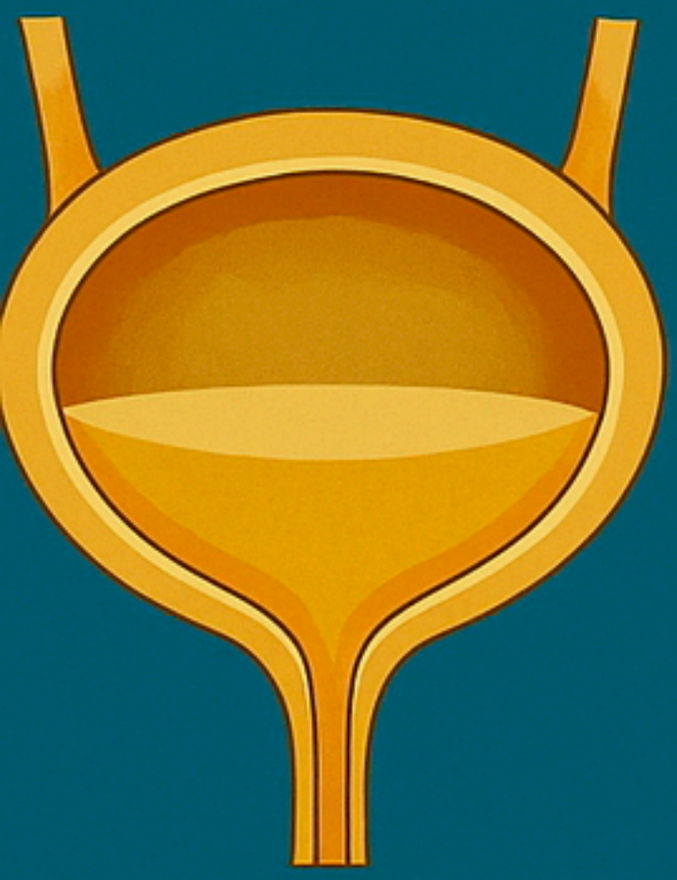
Hælgang? Hanefjedsgang? Akut debut? Smertedækket

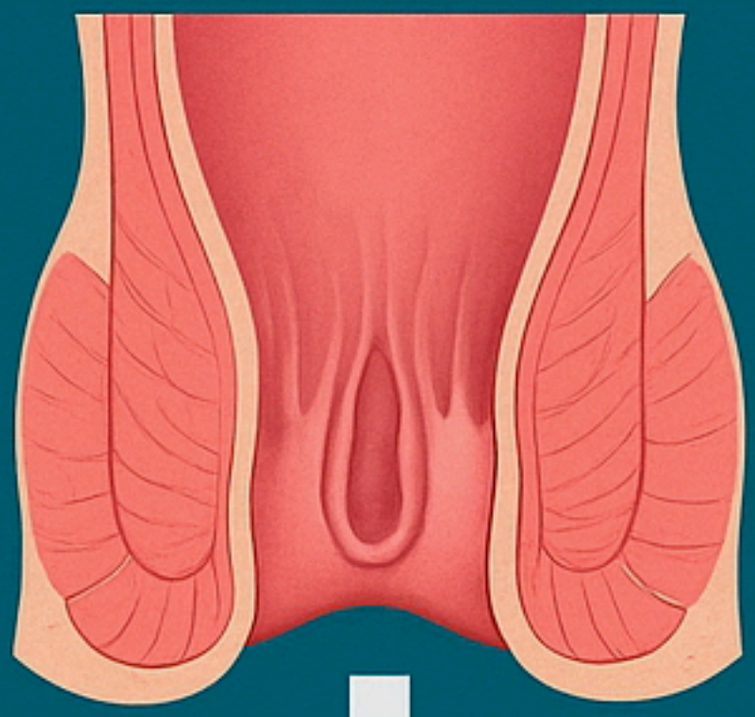
Cauda Equina Syndromet

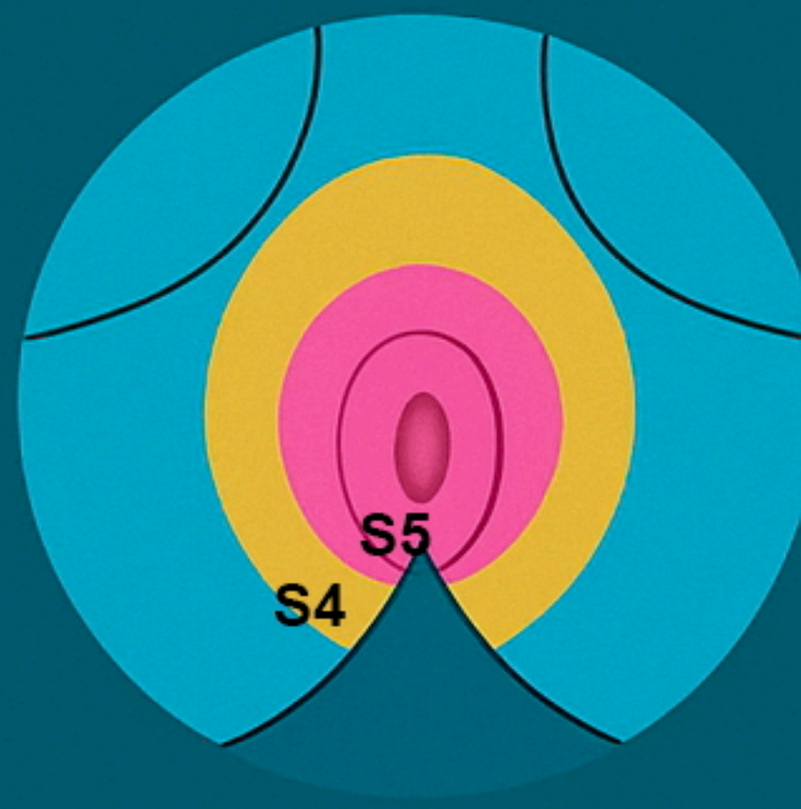
Urin-retention

Slap anal-sfinkter

Nedsat perianal sens.







Varighed?, ophævet blærefyldningsfornemmelse (KAD), overløb, bilateralt? smerter? impotens? residualurin? undersøg de anoanale og anokutane reflekser, udeluk differentialdiagnoser (smerter, morfin, prostata), akut radiologi (+ faste), operation inden for 8 timer?

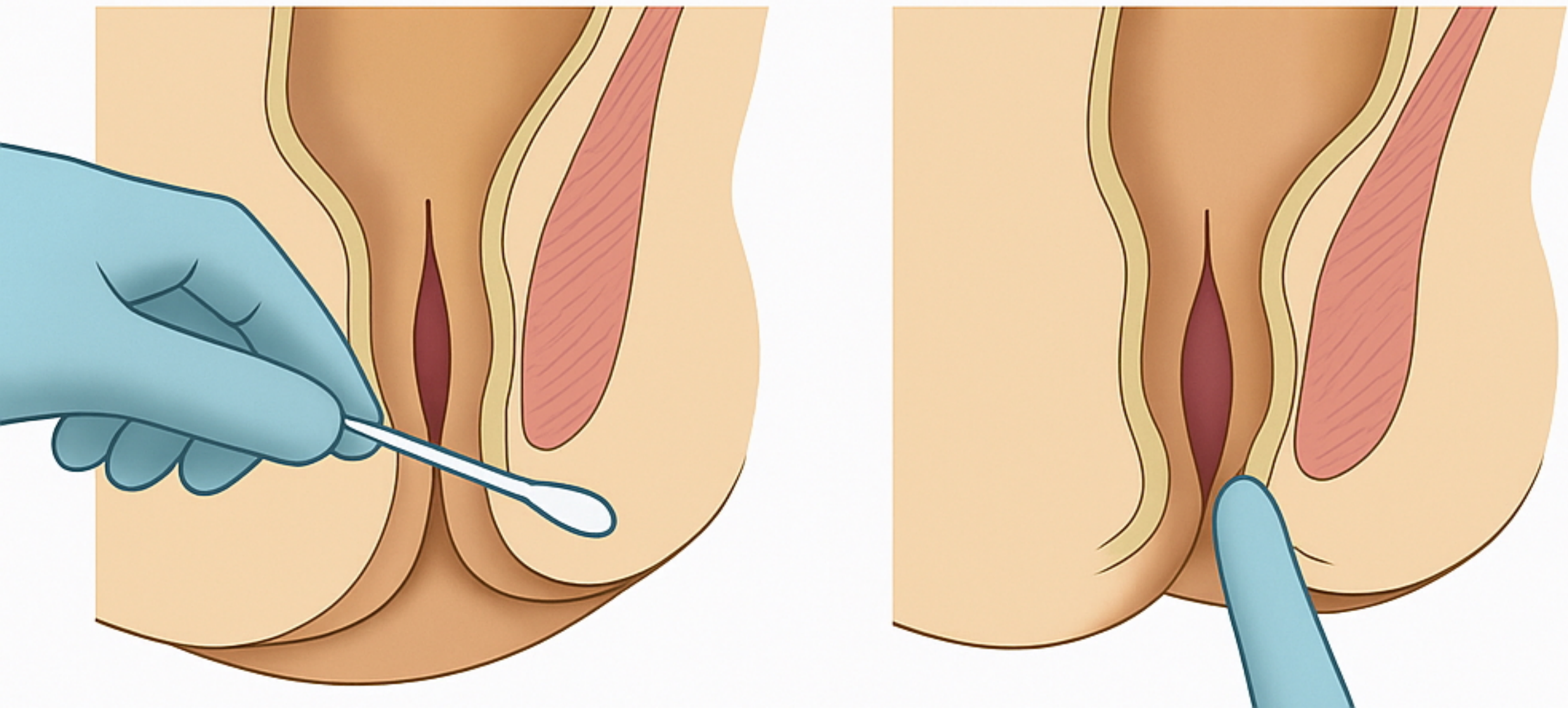
Forskellen mellem anokutan og anoanal refleks

Anokutan refleks

- Strygning af perianal hud
- Sammentrækning af ydre analsfinkter

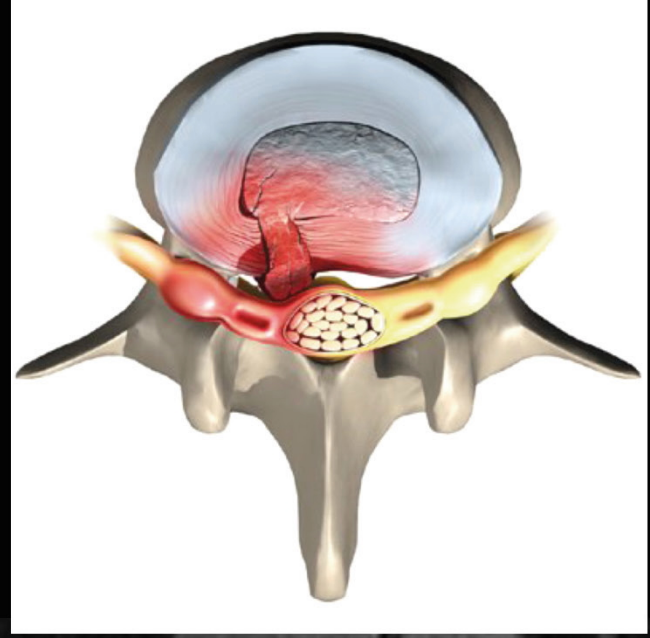
Anoanal refleks

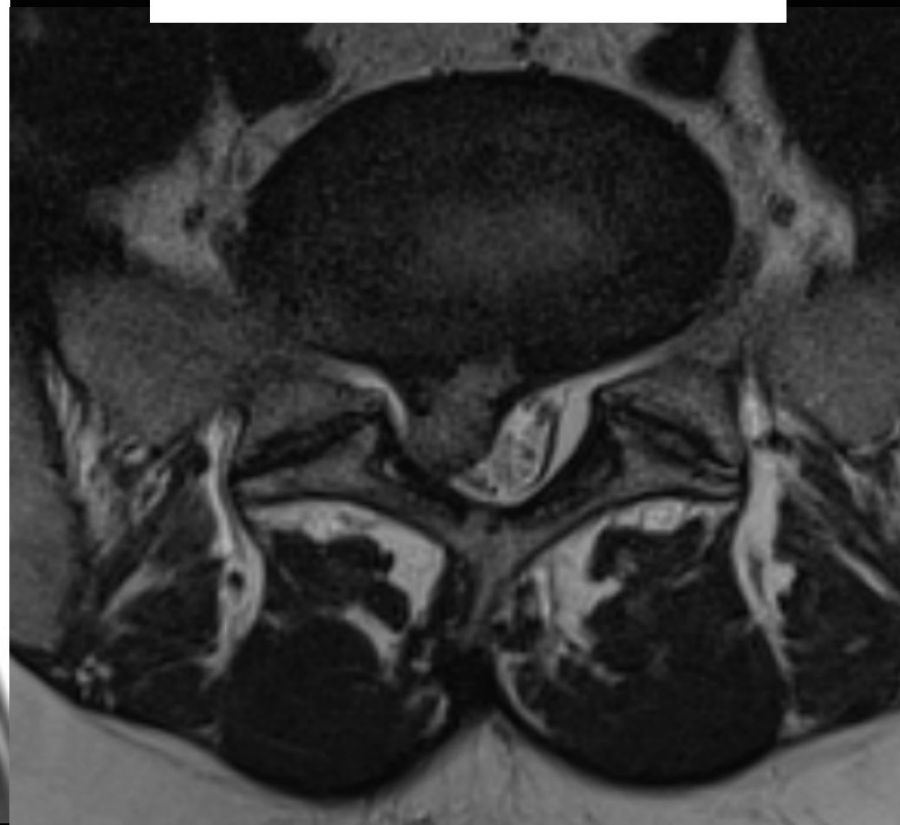
- Udspiling i analkanalen
- Kontraktion af indre og ydre analsfinktere

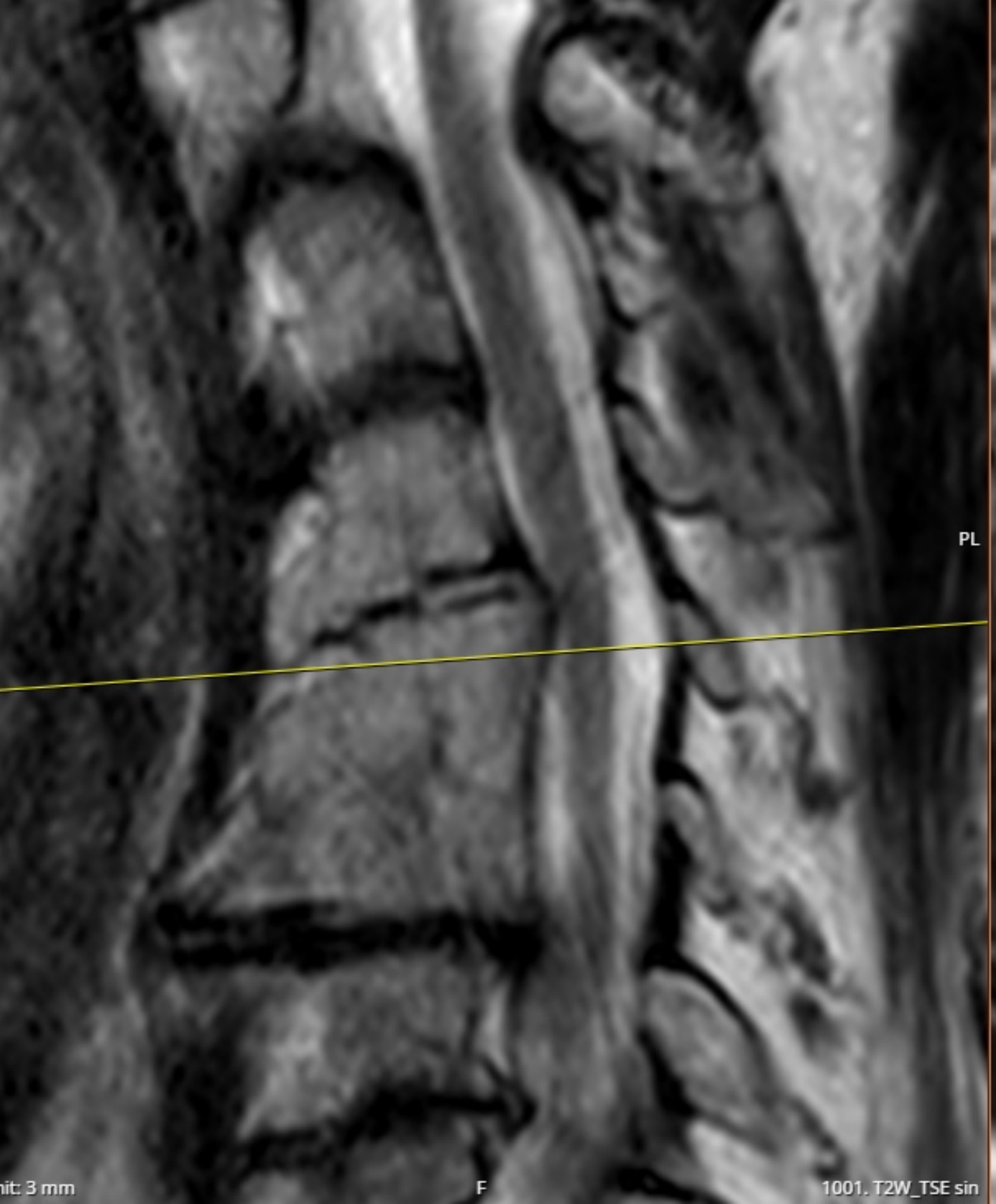


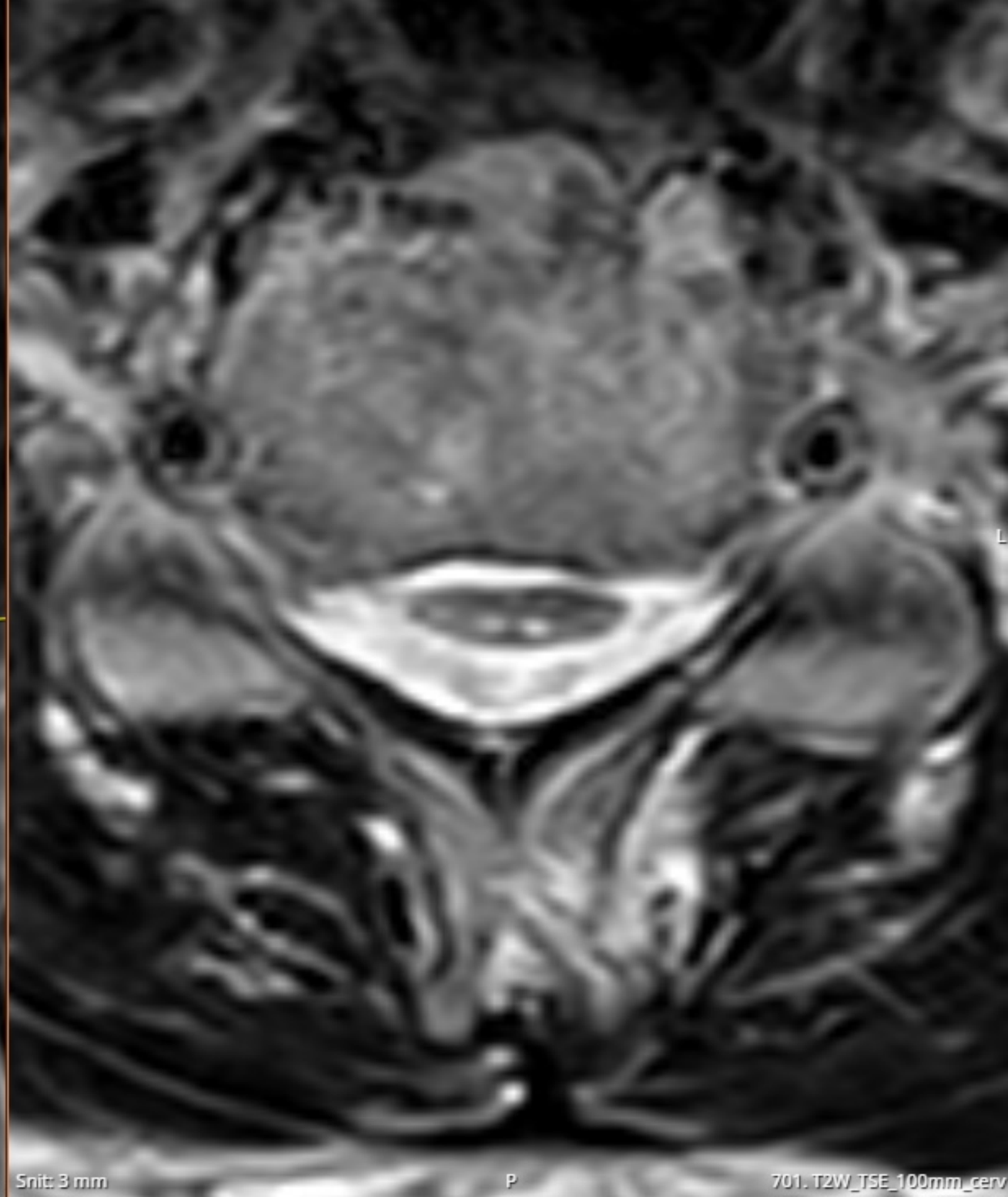
Smerter?
Operation?








PL
nit: 3 mm
F
1001. T2W_TSE sin

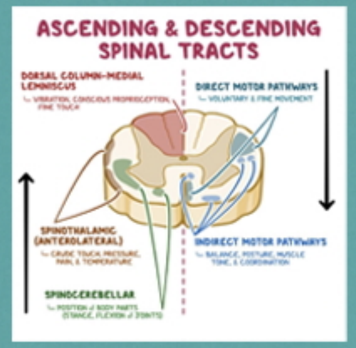

L
Snit: 3 mm
P
701. T2W_TSE_100mm_cerv



1. neuron

(UMN, supranucleær, CNS)





Sensibilitetsgrænse

Hyperrefleksi

Catch

Fodklonus

Babinski

Paraparese

Tetraparese

Hoffman

Vibration

Clumsy-numb hands (finmotorik)

Grip-release < 20 (10s)

Usikker bredsporet gang

Dermatom

Muskelatrofi

Fascikulationer

Slap

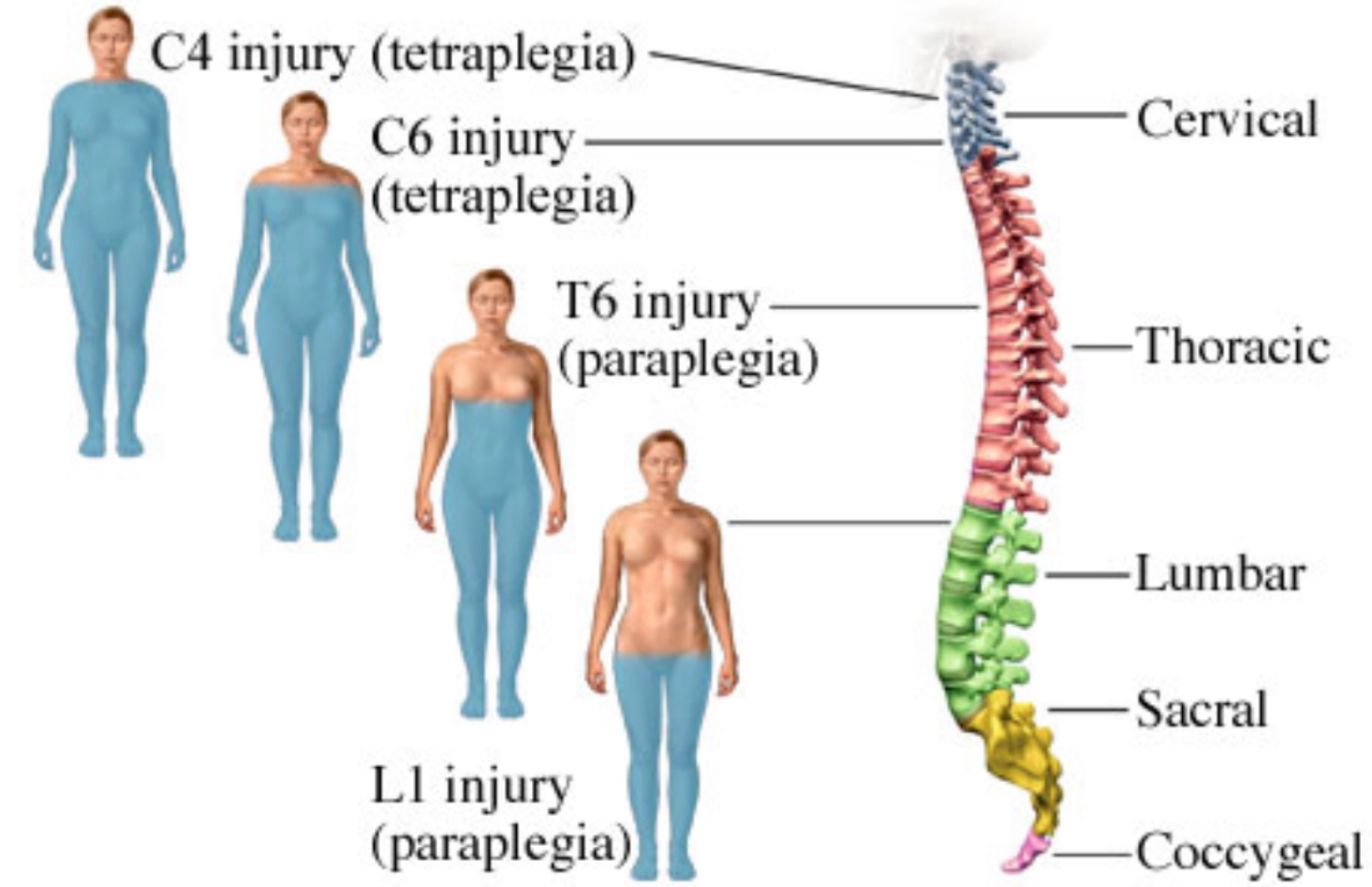
monoparese

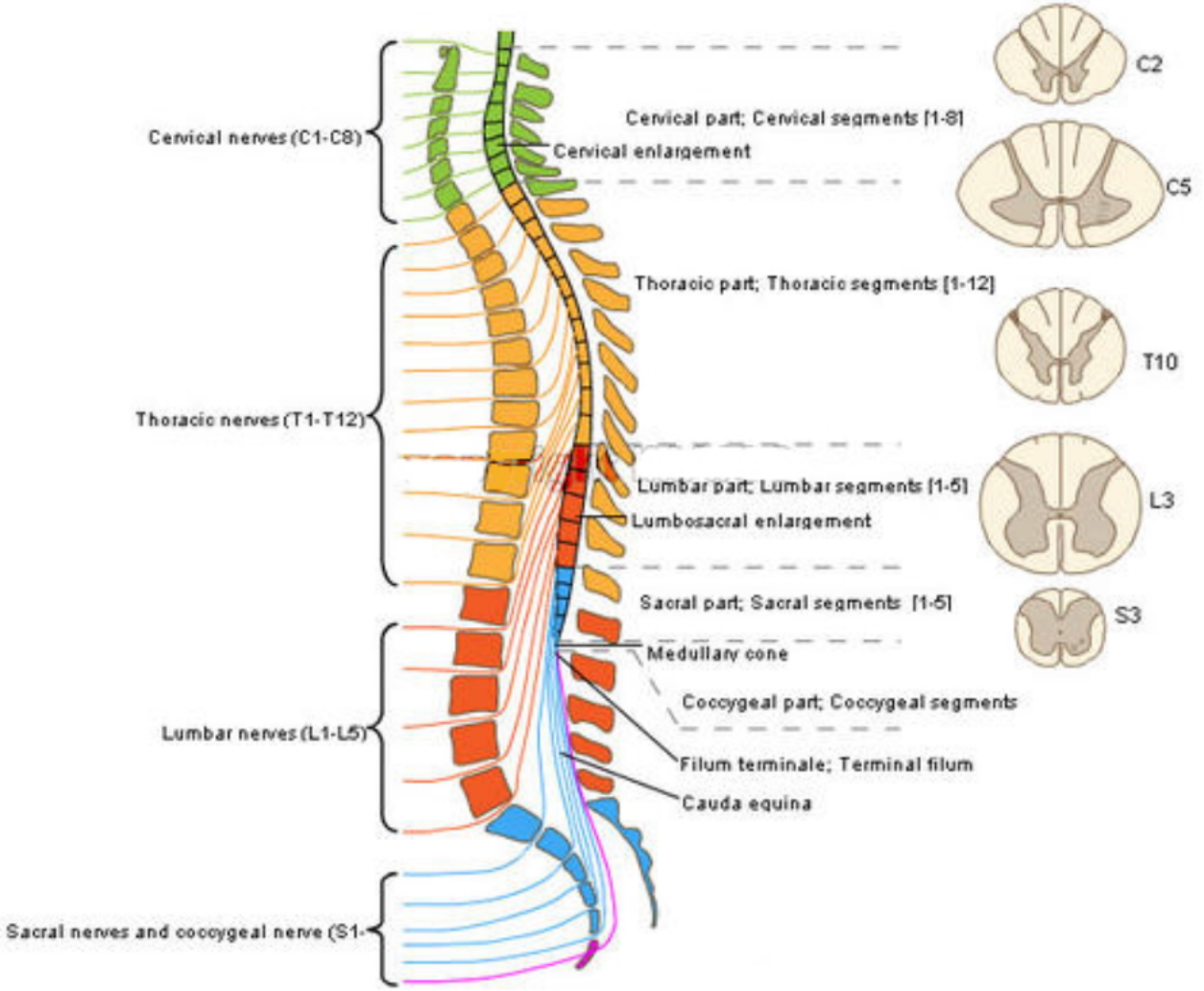
Hyporefleksi

(LMN, infranucleær, PNS)

2. neuron

evt. maskering (neuropati, NC)


C4 injury (tetraplegia)
C6 injury (tetraplegia)
T6 injury (paraplegia)
L1 injury (paraplegia)
Cervical
Thoracic
Lumbar
Sacral
Coccygeal


Cervical nerves (C1-C8)
Thoracic nerves (T1-T12)
Lumbar nerves (L1-L5)
Sacral nerves and coccygeal nerve (S1-
Cervical part; Cervical segments [1-8]
Cervical enlargement
Thoracic part; Thoracic segments [1-12]
Lumbar part; Lumbar segments [1-5]
Lumbosacral enlargement
Sacral part; Sacral segments [1-5]
Medullary cone
Coccygeal part; Coccygeal segments
Filum terminale; Terminal filum
Cauda equina
C2
C5
T10
L3
S3

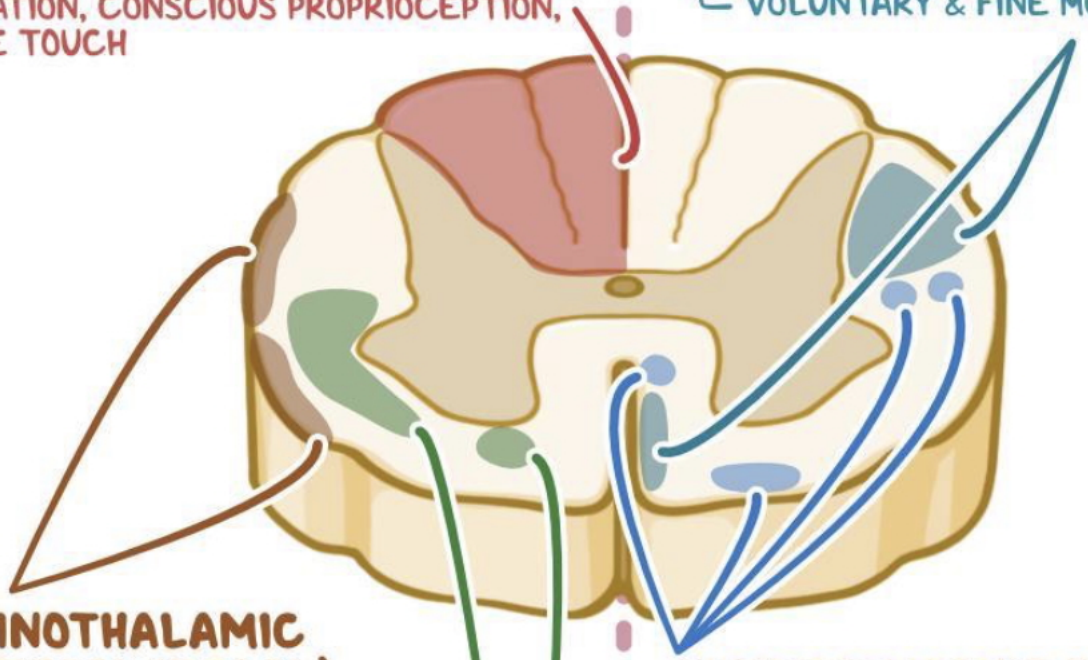
ASCENDING & DESCENDING SPINAL TRACTS

DORSAL COLUMN-MEDIAL LEMNISCUS

└ VIBRATION, CONSCIOUS PROPRIOCEPTION, FINE TOUCH

DIRECT MOTOR PATHWAYS

└ VOLUNTARY & FINE MOVEMENT



SPINOTHALAMIC (ANTEROLATERAL)

└ CRUDE TOUCH, PRESSURE, PAIN, & TEMPERATURE

INDIRECT MOTOR PATHWAYS

└ BALANCE, POSTURE, MUSCLE TONE, & COORDINATION

SPINOCEREBELLAR

└ POSITION of BODY PARTS (STANCE, FLEXION of JOINTS)

70-årig mand

- Lumbal dese L3-L5 i 1999
- Rygsmerter med udstråling til venstre ben
- Positiv strakt-ben-test
- Blæreskanning: 800 ml
- Svært nedsat perianal sensibilitet
- Ophørt voluntær sfinkterkontraktion
- Rimelig sfinktertonus
- Tidspunkt da du ser pt: 23:30

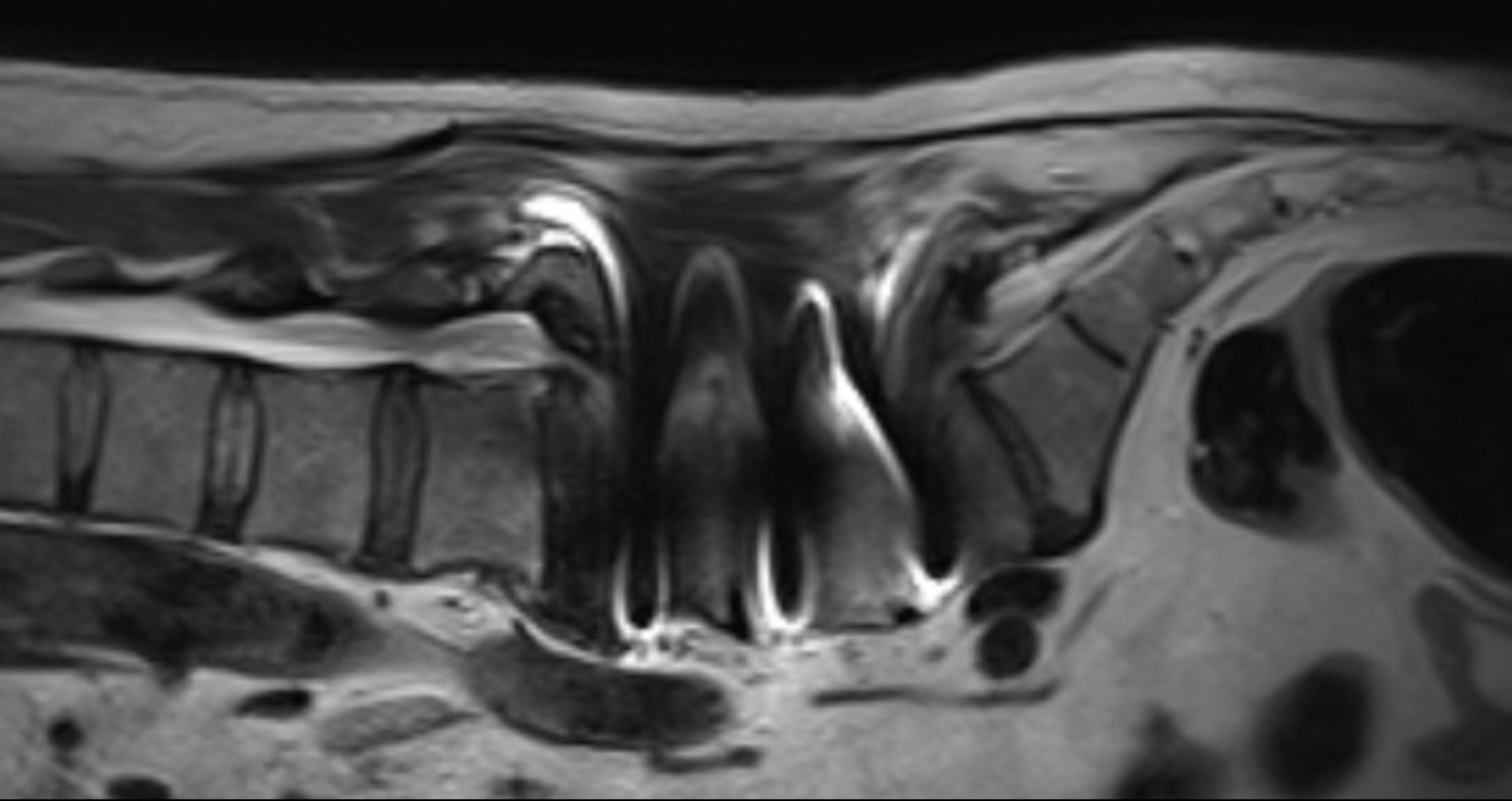
Diagnose?
Udredning?

CT-skanning

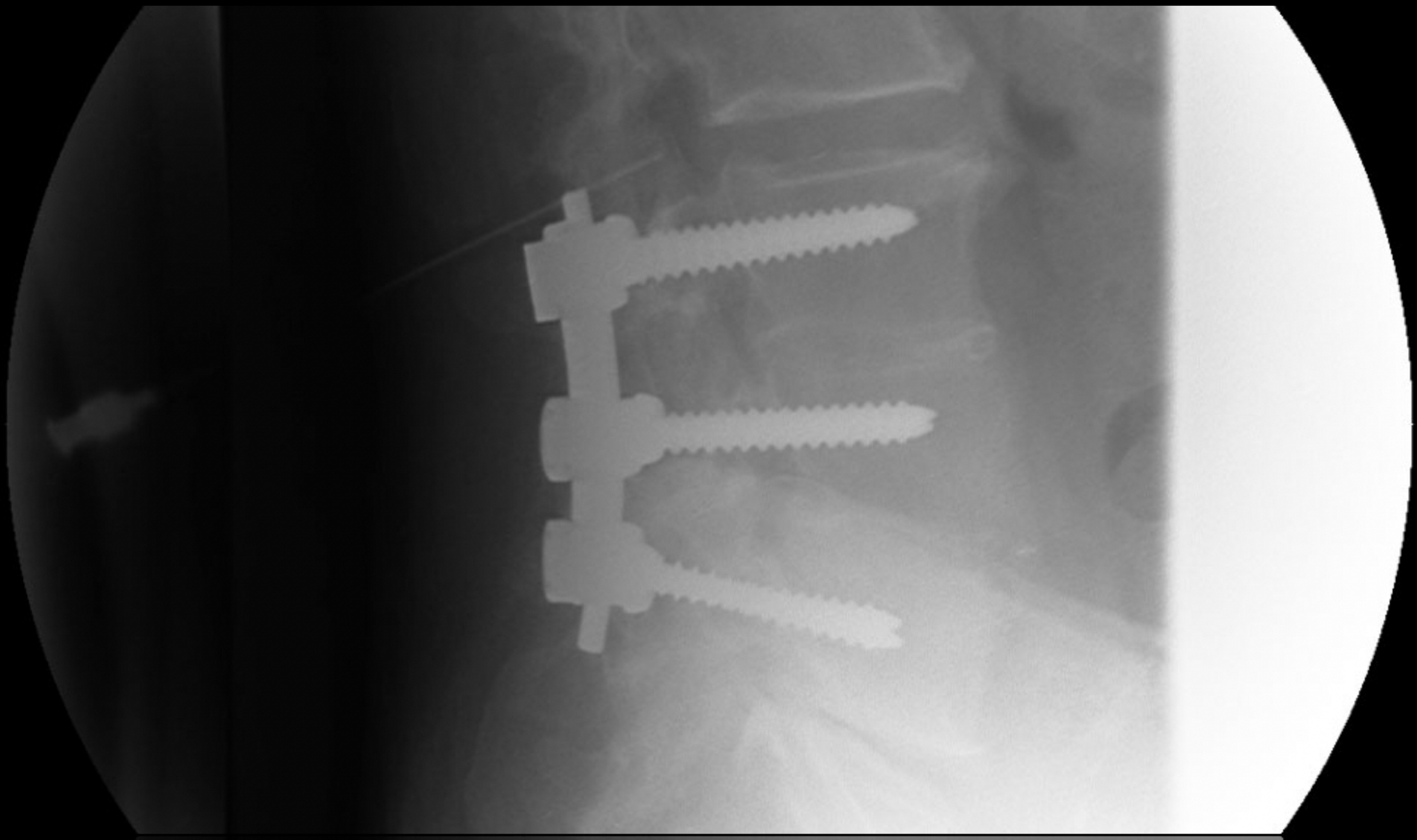




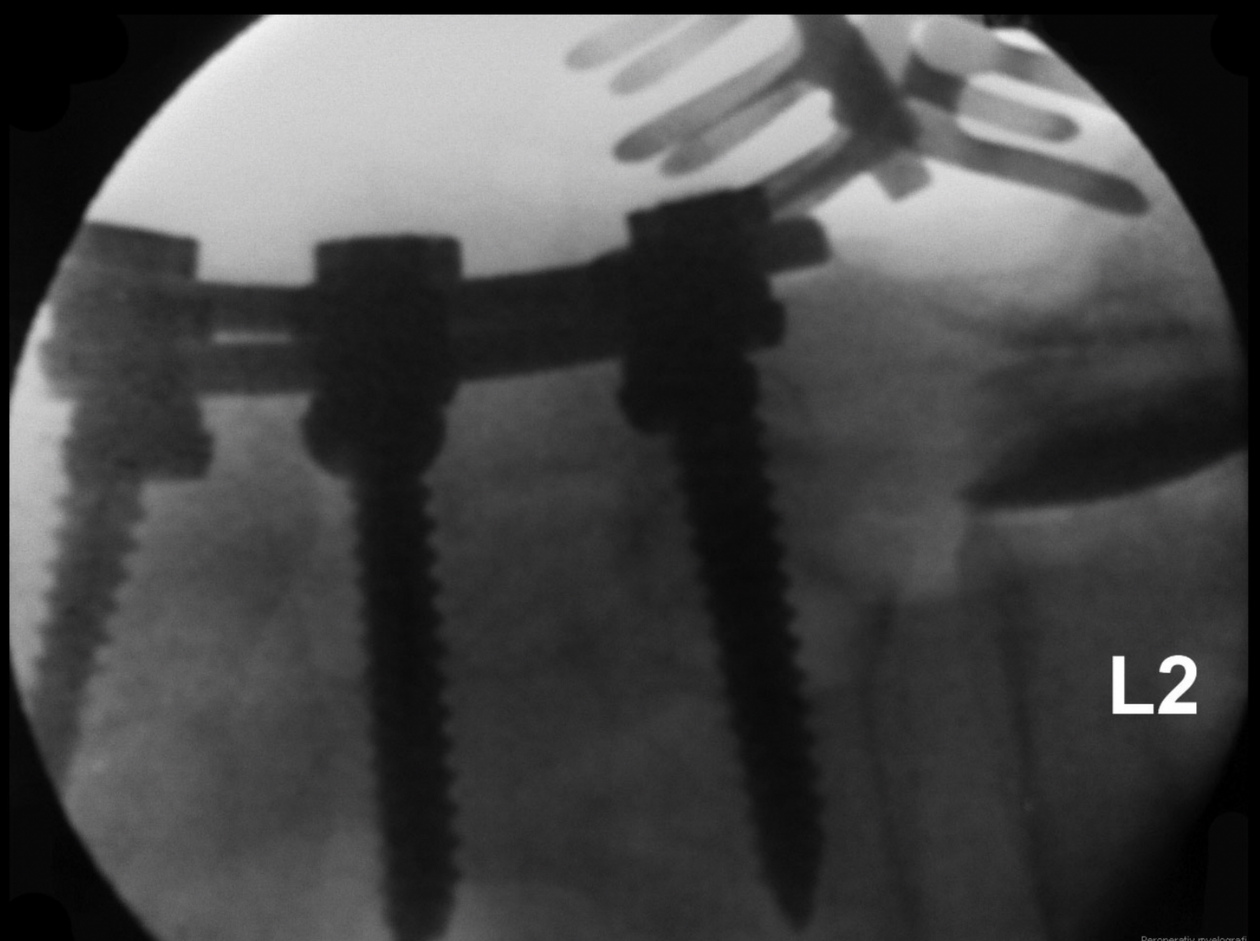


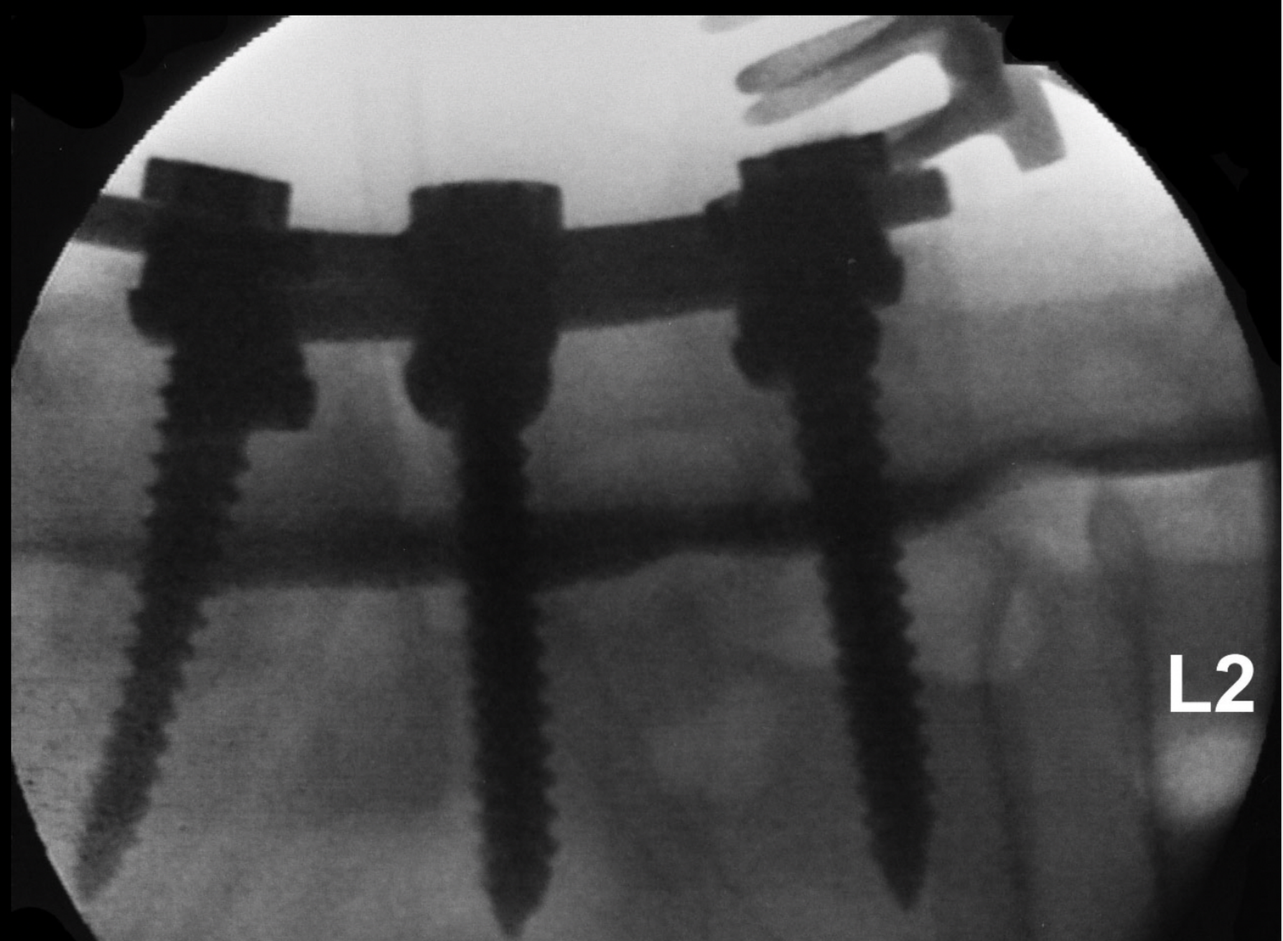


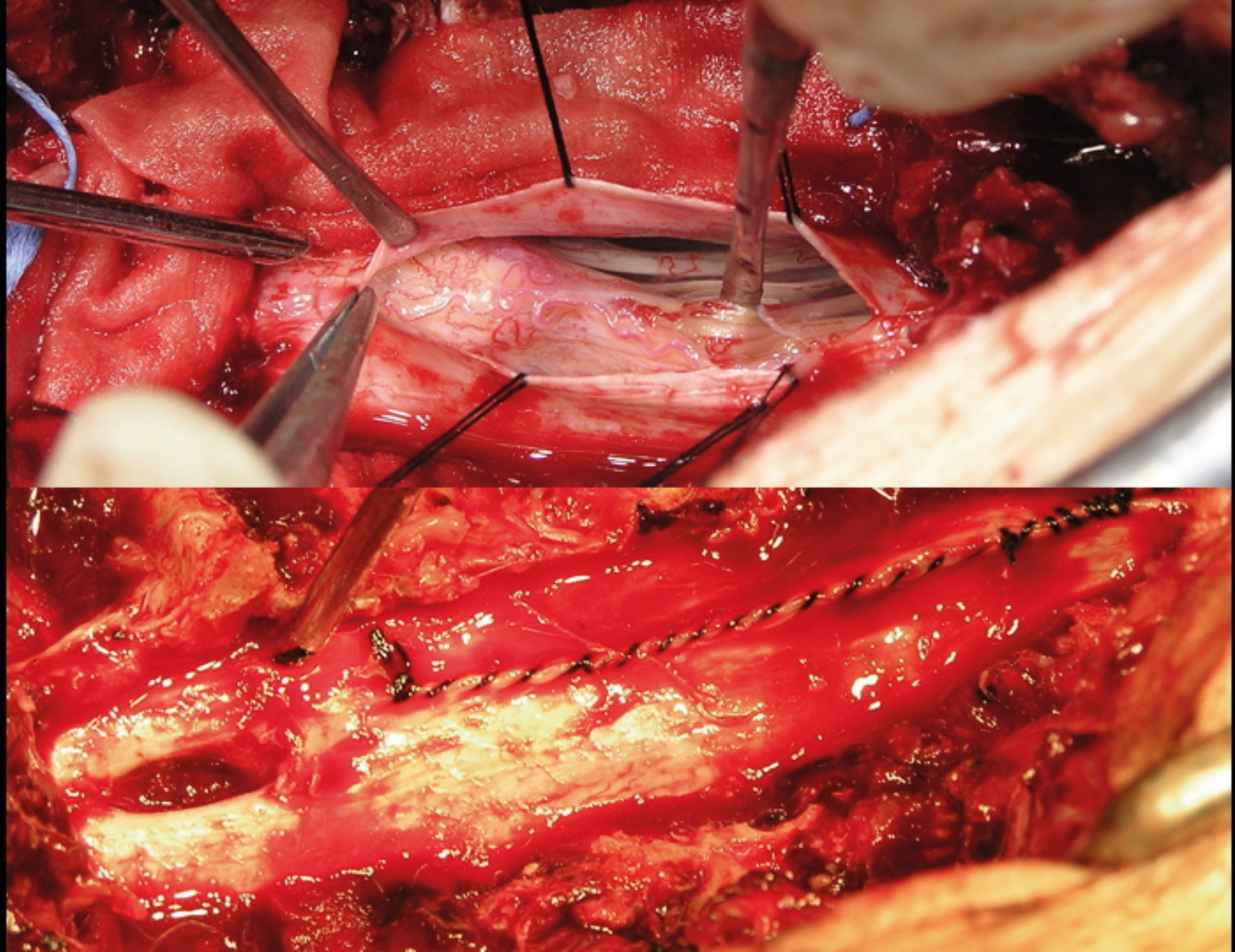
Myelografi



Peroperativ myelografi







Indikationer

NEUROANATOMI

- Nerverod
- Cauda equina
- Rygmarven

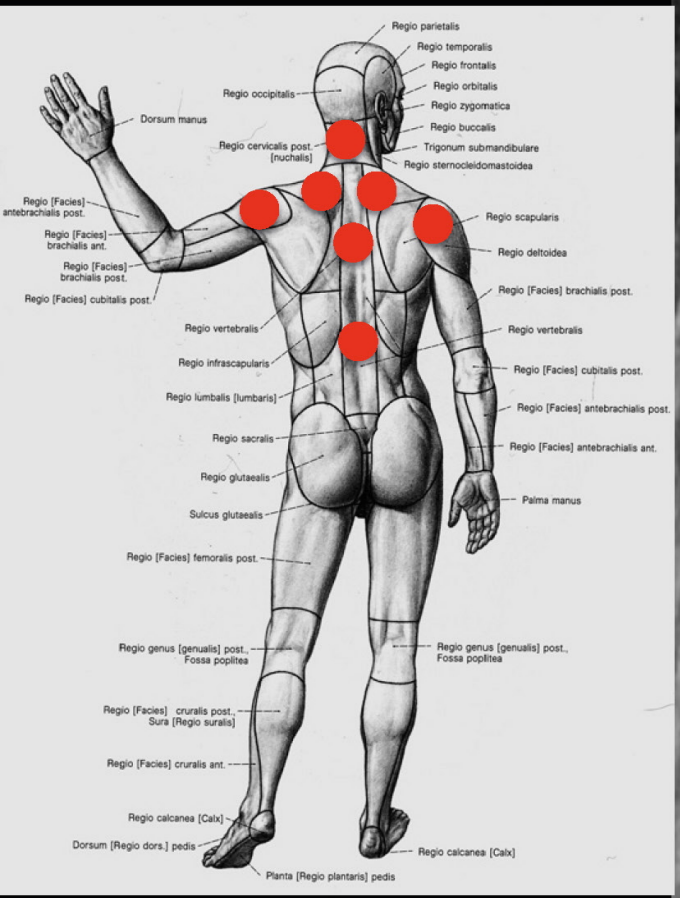
- Columna

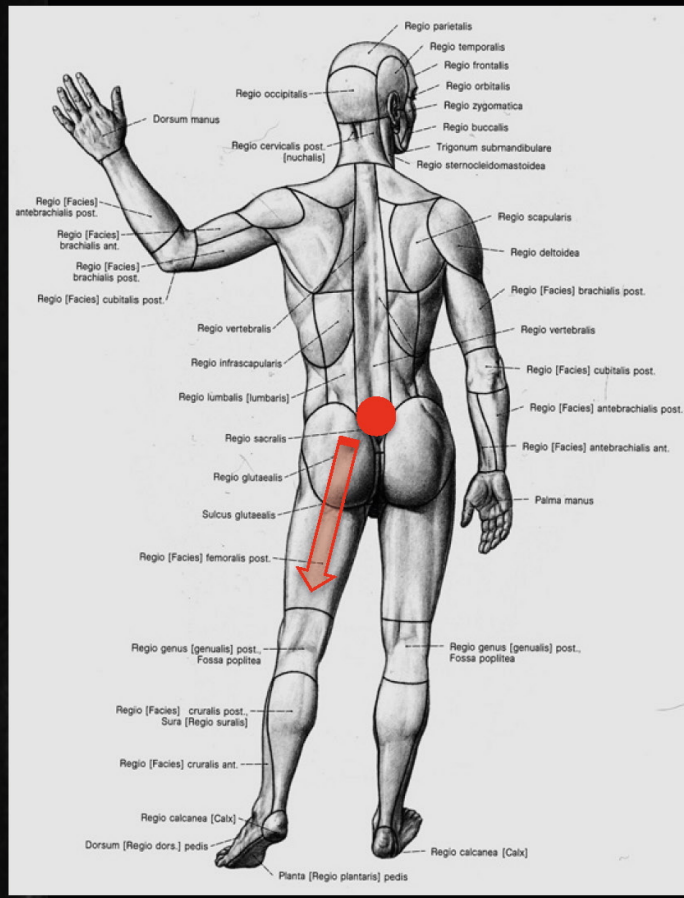
KLINIK

- Radikulopati
- Neurogen claudicatio
- Parese
- Cauda equina syndrom
- Myelopati
- Axiale smerter
- Instabilitet/deformitet

Hvilken smertegenerator?

Diskus? Facetledsartrose? Rodtryk? Myoser? Gigt?





Jeg har sendt MR…
kan du ikke lige se på den?

DEN KLINISKE DIAGNOSE

- Hvad fejler patienten?
- Hvad er smertegeneratoren?
- Hvor sidder læsionen i nervesystemet? Rod? Perifer nerve?
- Sygehistorien
- Den objektive (neurologiske) undersøgelse
- Signifikant radiologisk rodpåvirkning?

Introduction: Globally, low back pain is the *leading* cause of years lived with disability[1]. Greater attention is needed to mitigate this increasing burden and the impact it is having on health and social systems. The pain experienced is composed of varying parts of organic and psycho-social components, however a *specific pathoanatomical pain generator* can only be detected in approximately 25% (see figure 1).

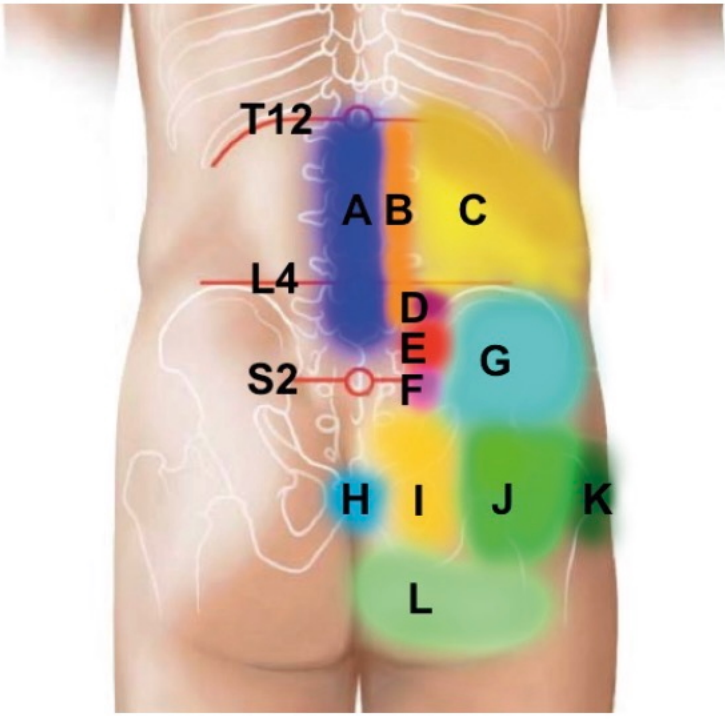


Figure 1: Lumbar pain zones seen with different generators: A) Axial (discs, vertebras, facets, endplates, spinous processes — degenerative changes e.g. disc degeneration, -herniation, Modic changes, HIZ, Schmorl's node, spondylolisthesis, scoliosis and Scheuermann's disease. Also tumor, fracture, inflammation and infection). B) Paraspinal (secondary myofascial pain). C) Flank (muscles, referred pain from kidney/ureter, endometriosis). D) Fused transverse process (Bertolotti's syndrome). E) Spina Illiaca Posterior Superior (SIPS — Back Mouse Syndrome). F) Sacroilliac joint (dysfunction). G) Gluteal region (muscles, superior cluneal nerve, fibromyalgia). H) Coccygeal (coccydynia). I) Piriformis syndrome, middle cluneal nerve. J) Hip joint (coxarthrosis). K) Trochanter (bursitis). L) Inferior cluneal nerve.

Effekten af operation

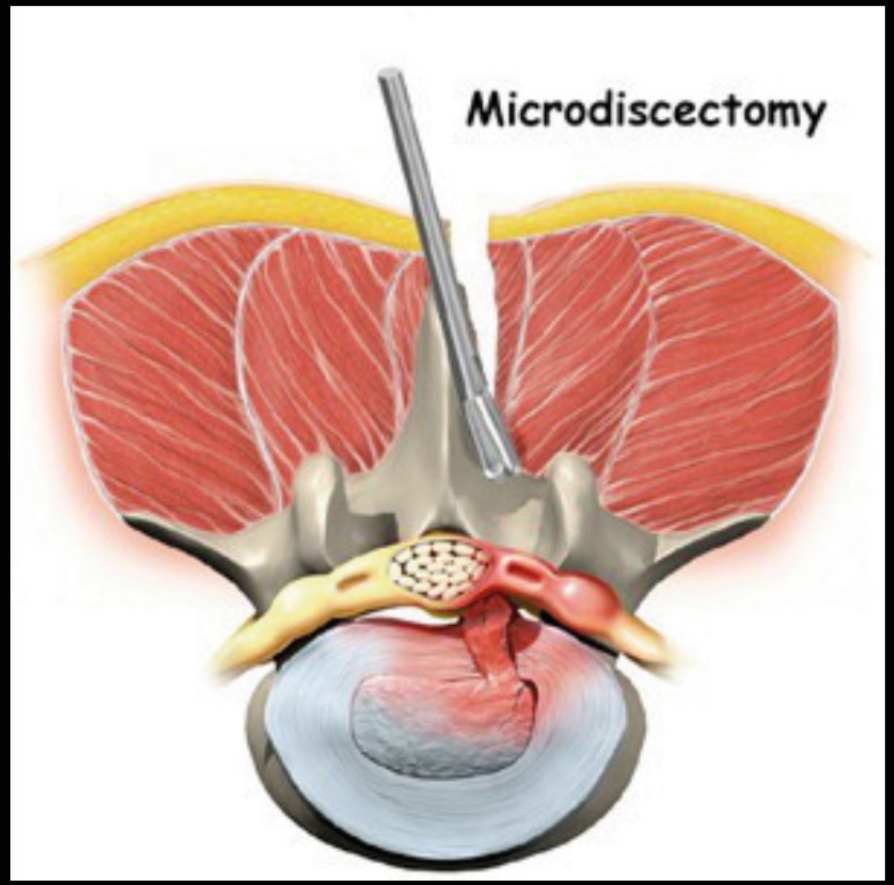


- Diskusprolaps: 8/10
- Stivgørende operation i lænden: 2/3

Wilhelm Conrad Röntgen (1895):
"Jeg vidste ikke, at jeg opdagede noget særligt.
Jeg eksperimenterede blot."



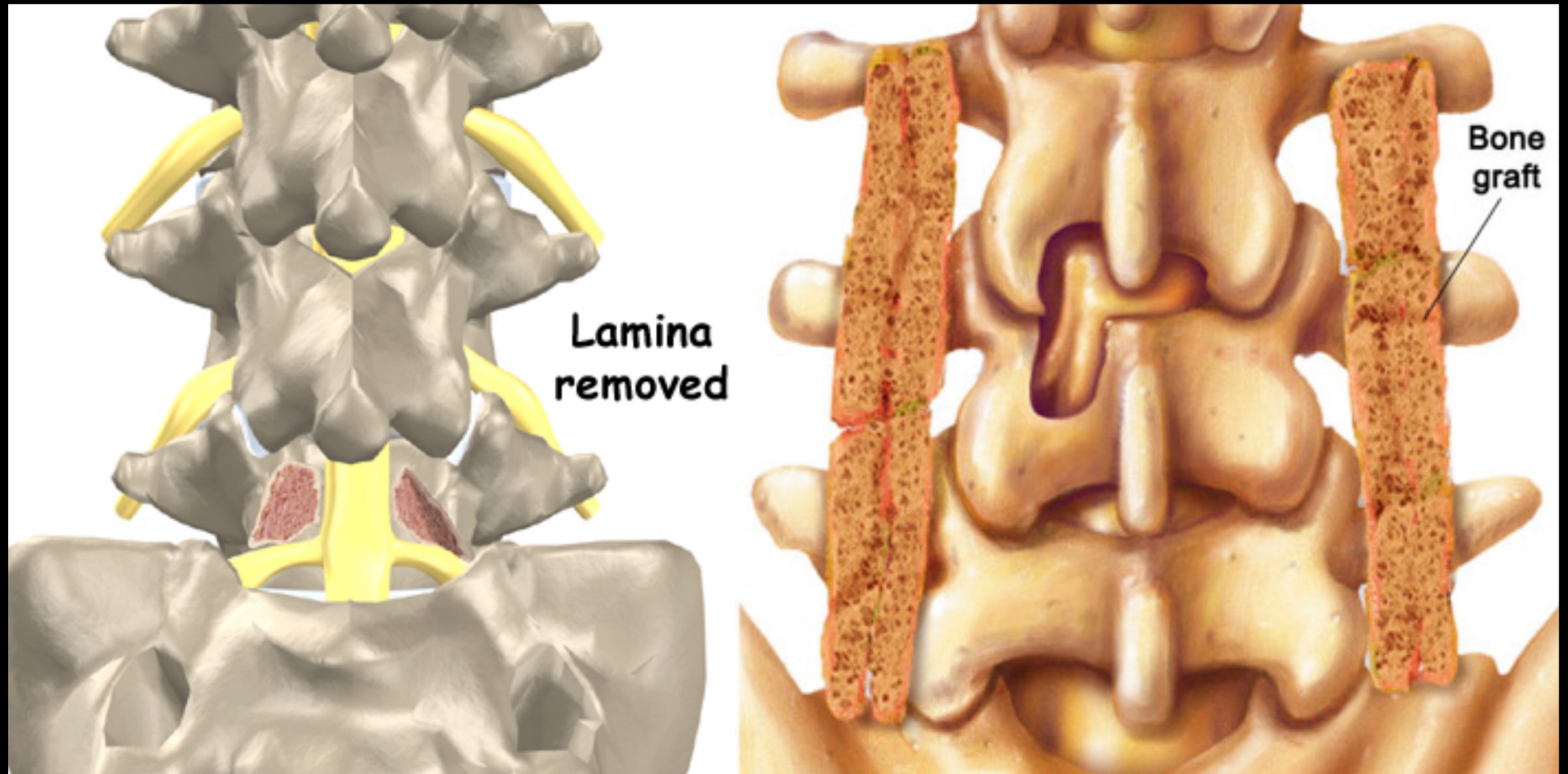
MIKROKIRURGISK INDGREB





Laminektomi, rodfrilægning, NID

Facetleddet bevares – 4% udvikler instabilitet



L4/L5-Dese

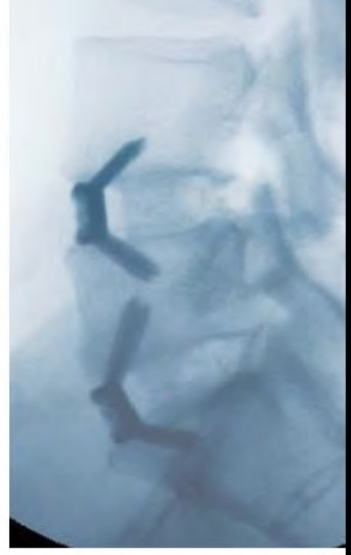
Transforaminal Lumbar Interbody Fusion

- Pedikelskruer
- Stave
- Diskectomi
- TLIF-Spacer (Opal)
- Knoglestykker evt. transplantat

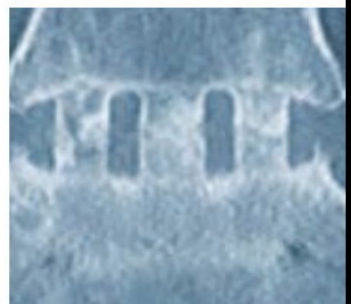


ALIF









SHOCK

KOMPLIKATIONER

- Globulus
- Hæshed (4%)
- Øsofagus
- Hæmatom
- Myelopati
- Horner





