

出國報告（出國類別：國際會議）

參加 2018 國際進階脊椎外科年會心得報告

服務機關：台中榮民總醫院

姓名職稱：鄒錫凱 科主任

派赴國家：加拿大

出國期間：107/4/9~107/4/15

報告日期：107/5/14

摘要

出國人員鄒錫凱參加 2018/4/11~13 於加拿大多倫多舉行之國際進階脊椎外科學會 (International society for the advancement of spine surgery , ISASS) 所主辦之年會，並發表口頭報告。

演講題目： Percutaneous Endoscopic Lumbar Discectomy Strategy for L5-S1 Disc Herniation Based on Image Analysis: A Review of 301 Cases

關鍵字： ruptured disc, calcified disc, recurrent disc, pediatric disc herniation, PELD, LSTV

目次

一、目的

透過參與國際會議發表腰椎微創手術病例報告，透過國際交流提升學術能量。

二、過程

會議進行期間區分為不同主題進行熱烈討論與交換意見，每天早上和下午都各有眾多的口頭報告議程讓與會者自由選擇參加自己感興趣的主題。

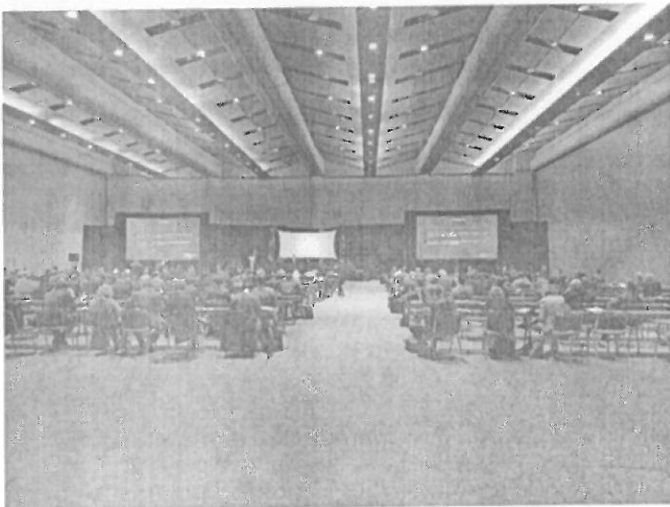
Thursday, April 12, 2018

8:00 am - 8:50 am General Session: Endoscopic Surgery

8:30 am - 8:34 am 402 Percutaneous Endoscopic Lumbar Discectomy Strategy for L5-S1 Disc Herniation Based on Image Analysis: A Review of 301 Cases

Speaker: H.-K. Tsou

本人即在此會議時段以 Taichung Veterans General Hospital, Taiwan 代表身分進行發表論文演說，題目為 [Percutaneous Endoscopic Lumbar Discectomy Strategy for L5-S1 Disc Herniation Based on Image Analysis: A Review of 301 Cases]





大會議程中，眾多場次的講演不乏值得學習之主題。然因議程眾多之故，只能做出取捨選擇出席感到興趣的場次。

三、心得

現今國際進階脊椎醫學會議已經成為全球成員國致力參加頗具聲望的會議。經過數天緊湊與精采的專題演講與海報展示觀摩之後，對於全球各地專家學者致力於脊椎手術發展與心得紛紛提出精闢建議，感到自我學習成長的必要性。感謝長官能夠核准協助報告人公假出國，方有機會與國際人才交流分享報告研究，並學習吸收最新資訊，相信在往後的臨床與學術應用上，必能夠更加精進。

四、建議事項（包括改進作法）

感謝單位長官支持，核准報告人公假出國參與會議。期望單位長官持續培養後進，為中榮培養更多傑出人才。

附錄

演講內容摘要

Percutaneous Endoscopic Lumbar Discectomy Strategy for L5-S1 Disc Herniation Based on Image Analysis: a Review of 301 Cases

【Background】

To provide timely and accurate medical analysis, surgical strategy, safety and clinical outcome for full endoscopic discectomy for L5-S1 under intravenous sedation and to recognize the prevalence of anatomical anomaly on lumbosacral segments from our case series.

【Methods】

From October 2004 to July 2017, 301 cases of disc herniations at the L5-S1 level were treated using full endoscopic discectomy through the interlaminar or transforaminal approach by a single neurosurgeon. We retrospectively evaluated the clinical data, including preoperative and postoperative visual analog scale (VAS) scores for low back pain and leg pain, shoulder or axilla approach, lumbosacral bony anomaly, ruptured disc, calcified disc, recurrent disc herniation management and long-term outcome.

【Results】

All operations were performed under IV sedation while all of the patients were kept conscious. None of them were converted to other surgical techniques. The prevalence of disc herniation was 62% (187/301) over left side and 38% (114/301) over right side. The prevalence of lumbar sacralization and sacral lumbarization were 4.6% (14/301) and 5.6% (17/301). The prevalence of ruptured and severe calcified disc was 17.9% (54/301) and 3.0% (9/301). The prevalence of pediatric disc herniation was 1% (3/301). Postoperative VAS scores of all patients were significantly improved compared to preoperative status. Seven cases of recurrent disc herniation at the same site were treated with repeated endoscopic surgery and five cases of recurrent disc herniation at the same site were treated with major operation. No failed surgery or complication was recognized.

【Conclusions】

Percutaneous endoscopic lumbar discectomy (PELD) under IV sedation has advantages in enhancing safety and reducing surgical complications. Lumbosacral transitional vertebrae (LSTV) should be recognized preoperatively to avoid incorrect level surgery. L5-S1 endoscopic discectomy using the interlaminar or transforaminal approach is safe and excellent clinical outcome with minimal invasive treatment.

Key Words: ruptured disc, calcified disc, recurrent disc, pediatric disc herniation, PELD, LSTV