Sociedade Brasileira de Coluna
Sociedade Portuguesa de Patologia da Coluna Vertebral
Asociación Mexicana de Cirujanos de Columna
Capítulo de Columna de la Sociedad Ecuatoriana de Ortopedia y Traumatología
Capítulo de Columna de la Sociedad Colombiana de Ortopedia y Traumatología
Capítulo de Columna de la Sociedad Venezolana de Cirugía Ortopédica y Traumatología
Sociedad Iberolatinoamericana de Columna Vertebral
Sociedade Brasileira de Neurocirurgia
Capítulo de Columna de la Federación Latinoamericana de Sociedades de Neurocirugía
Capítulo de Columna de la Sociedad Latinoamericana de Ortopedia y Traumatología
Sociedad Argentina de Patología de la Columna Vertebral
Federación Mundial de Quiropraxia
Capítulo de Columna de México – Columna en línea
Associação Paraguaia de Cirurgia de Coluna

SUPLEMENTO
ANAIS DO XVI CONGRESSO BRASILEIRO DE COLUNA 2017
EP052 - EVIDENCIAS DE LA ENSOMOS FISIOTEORÁTICA PARA LA SINTOMATología DE LA columnA VERTEBRAL

ARTUR LÓPEZ MENDOZA1; ANDRES ARAMBURU DESANZ3; ALEJANDRO GONZALEZ MULERO2; JOSÉ MANUEL PEREZ ATANASIO2

Introducción: La fisioterapia en la columna vertebral se ha posicionado como un tratamiento eficaz en la gestión de la sínfoma lumbar y cervicobraquial. Objetivo: Evaluar la eficacia del protocolo de fisioterapia desarrollado por el Instituto de Rehabilitación Integrada y la Facultad de Medicina de la Universidad de Murcia. Métodos: Se realizó un estudio observational descriptivo, prospectivo y multicéntrico, con participación de 9 centros. Se realizó fisioterapia a 300 pacientes, con una media de 8 sesiones de tratamiento. Se recogieron datos sociodemográficos, clínicos y de tratamiento. Se compararon los resultados en los pacientes que realizaron fisioterapia con los que no la realizaron. Se aplicó el análisis de la variabilidad de la medición. Resultados: Del total de pacientes, el 65% presentaba sínfomas cervicobraquiales y el 35% de lumbar. El 60% de los pacientes presentaba un déficit de la flexibilidad de las estructuras musculoesqueléticas relacionadas con el dolor crónico. Conclusiones: La fisioterapia es una técnica eficaz en la gestión del dolor crónico en la columna vertebral. La fisioterapia es una intervención que necesita ser incorporada en el abordaje del dolor crónico.
we who transferred transform lumbar interbody fusion, is/secreted pedicle screw fixation and contralateral facet fusion. Pain severity (VAS scale), quality of life ( Oswestry disability index (ODI) and complications, rate of fusion and clinical outcome. A written consent to the study was obtained for all the patients. Most patients had degenerative disc disease with leg and back pain that was not responsive to conservative treatment and surgical fusion. Radiological and clinical outcomes were evaluated including clinical VAS-BR VAS-LP and ODI scores were significantly improved immediately after surgery, at 3 and 1 year postoperatively as compared with preoperative scores in both groups, with similar levels of improvement observed at the same time points for both PS and CBT group. The overall fusion rate was 100% in the PS group and 96.6% for CBT group, at the 1-year follow-up. No significant differences in lumbar lordosis angle were found preoperatively, 1 year and week postoperatively in both groups. Conclusions: Cortical screw fixation provides an alternative radiological and clinical solution to conventional transpedicular screw instrumentation. MIDL as a novel CBT screw solution provides an alternative fixation technique for lumbar spine, may be an effective alternative treatment for patients with degenerative lumbar disease in fusion.

EP060 - ANALYSIS OF THE RESULTS OF LANDMARK DECOMPRESSION-STA-BILIZATION INVENTIONS IN THE TREATMENT OF PATIENTS WITH TANDEM SPINAL STENOSIS IN THE CERVICAL AND LUMBAR SPINE

VADIM BYVAL’TSVE
ANDREY ANDREEVICH KALNIUS
VALENY VLADIMIROVICH SHELEPEV
TALGAT KERIMBAEV
1.1. STATE MEDICAL UNIVERSITY, IRKUTSK, RUSSIA. 2. INFIRMIARY RAILWAY CLINICAL HOSPITAL, IRKUTSK, RUSSIA. 3. NATIONAL CENTER OF NEUROSURGERY ASTANA, CASAQSTAO.

Objective: Analyze the results of the landmark decompression-stabilization interventions in the treatment of patients with tandem spinal stenosis in the cervical and lumbar spine. Methods: A retrospective review pre and postoperative data of patients underwent (CBT) screw technique (supported by the implantation of a partial vertebrectomy). Results: CBT-BR CBT-LP and ODI scores were significantly improved immediately after surgery, at 3 and 1 year postoperatively as compared with preoperative scores in both groups, with similar levels of improvement observed at the same time points for both PS and CBT group. The overall fusion rate was 100% in the PS group and 96.6% for CBT group, at the 1-year follow-up. No significant differences in lumbar lordosis angle were found preoperatively, 1 year and week postoperatively in both groups. Conclusions: Cortical screw fixation provides an alternative radiological and clinical solution to conventional transpedicular screw instrumentation. MIDL as a novel CBT screw solution provides an alternative fixation technique for lumbar spine, may be an effective alternative treatment for patients with degenerative lumbar disease in fusion.

EP061 - SYMPTOMATIC ADJACENT SEGMENT DISEASE (ASD) AFTER LUMBAR OR LUMBOSACRAL MMINIMALLY INVASIVE INTERBODY FUSION

PABLO MARECAZ
MARCOS MANUEL JOSÉ RAMIREZ
JESUS LAURENTINO
ANDERSON PEREIRA
JULIO VERGARA
JUAN PABLO SIRENA
1. HOSPITAL DEL MAR, BARCELONA. ESPAÑA. 2. NEUROCÉNTRICO SALT. - MALA. SALT. ARGENTINA.

Background: Because of the increase in fusion surgery in recent years, ASD became an important topic in spine surgery. Many minimally invasive technolo­gies and minimally invasive interbody fusion technology should lead to a decrease in this pathology. Methods: We performed a retrospective cohort study based on medical records of patients with symptomatic adjacent levels to posterior lumbar interbody fusion performed by the authors. Clinical ASD was the principal judgment criterion; the length of follow-up time and initial spinal disease were also recorded. Results: Only 41 patients met the recruitment requirements and were available to follow (22 M, 19 F) with an average age of 58 (p=0.0051). On a scale of long-term postoperative outcomes Macnab: excellent - in 10 patients, good - in 10 patients, fair - in 9 patients, poor - in 12 patients. Conclusion: This case report exemplifies the need of considering less frequent procedures to provide more specific and effective treatment. There are several case reports reported by the patient after the surgery. Culture samples were also obtained during the procedures, identifying two germs (Enterococcus faecalis and an extended-spectrum beta lactamase Escherichia coli). She completed a six-week treatment of IV antibiotics, with progressive normalization of inflammatory parameters. There are several case reports regarding migratory infection from an intervertebral fusion and postoperative complications due to bowel perforation. No guidelines for the management of these patients were identified, but most patients required surgical treatment. To our knowledge, no other cases with acute low back pain as the cardinal symptoms have been previously described, increased their risk and complications postoperatively.

EP062 - ESCOLIOSIS IDIOPATICA DEL ADOLESCENTE OPERADA CON TECNI­CA MINIMAMENTE INVASIVA: REPORTE DE SERIE DE CASOS

KAREN HEIDEMAN/MARCOS MANUEL JOSÉ RAMIREZ
JUAN JOSE ZAMORANO PEREZ
ALDO CUNEO ZÚÑIGA
MARIA CASTOLDI LANNI
RATKO VRACIĆ
BILIZING INTERVENTIONS IN THE TREATMENT OF PATIENTS WITH TANDEM SPINAL STENOSIS IN THE CERVICAL AND LUMBAR SPINE

VADIM BYVAL’TSVE
ANDREY ANDREEVICH KALNIUS
VALENY VLADIMIROVICH SHELEPEV
TALGAT KERIMBAEV
1. STATE MEDICAL UNIVERSITY, IRKUTSK, RUSSIA. 2. INFIRMIARY RAILWAY CLINICAL HOSPITAL, IRKUTSK, RUSSIA. 3. NATIONAL CENTER OF NEUROSURGERY ASTANA, CASAQSTAO.

Objective: To compare the shot-term safety, effectiveness and clinical outcomes of patients undergoing a new cortical screw fixation and the traditional pedicle screw (PS) instrumentation. Midline lumbar fusion (MIDL) is composed of posterior midline approach with pedicle screw instrumentation. Methods: A retrospective review pre and postoperative data of patients underwent (CBT) screw technique (supported by the implantation of a partial vertebrectomy) and lumbar fusion. Results: CBT-BR CBT-LP and ODI scores were significantly improved immediately after surgery, at 3 and 1 year postoperatively as compared with preoperative scores in both groups, with similar levels of improvement observed at the same time points for both PS and CBT group. The overall fusion rate was 100% in the PS group and 96.6% for CBT group, at the 1-year follow-up. No significant differences in lumbar lordosis angle were found preoperatively, 1 year and week postoperatively in both groups. Conclusions: Cortical screw fixation provides an alternative radiological and clinical solution to conventional transpedicular screw instrumentation. MIDL as a novel CBT screw solution provides an alternative fixation technique for lumbar spine, may be an effective alternative treatment for patients with degenerative lumbar disease in fusion.

EP063 - ACUTE LOW BACK PAIN DUE TO A MIGRATED INTRAUTERINE CON­TRACEPTIVE DEVICE. CASE REPORT AND LITERATURE REVIEW

JUAN JOSE ZAMORANO PEREZ
ALDO CUNEO ZÚÑIGA
MARIA CASTOLDI LANNI
RATKO VRACIĆ
BILIZING INTERVENTIONS IN THE TREATMENT OF PATIENTS WITH TANDEM SPINAL STENOSIS IN THE CERVICAL AND LUMBAR SPINE

1. STATE MEDICAL UNIVERSITY, IRKUTSK, RUSSIA. 2. INFIRMIARY RAILWAY CLINICAL HOSPITAL, IRKUTSK, RUSSIA. 3. NATIONAL CENTER OF NEUROSURGERY ASTANA, CASAQSTAO.

Introduction: The technique minimamente invasive tiene entre sus ventajas: menor trauma en los tejidos, menor pérdida sanguínea y una recuperación más rápida. Su uso en pacientes con esclerosis crónica está demostrado pero su eficacia y seguridad no han sido evaluadas extensamente en la literatura. Objetivo: Presentar los resultados preliminares de un estudio de pacientes con esclerosis crónica del adolescente, operados con técnica minimamente invasive. Material y métodos: Se presenta una serie de casos de adolescentes, con edad media de 18 (14-21) años que fueron operados con técnica minimamente invasiva. Los criterios de inclusión y exclusión se estudiaron con el objetivo de conocer el porcentaje de pacientes que cumplían con los criterios de inclusión. Los resultados obtenidos se analizaron en función de: las complicaciones, la recuperación postoperatoria y las necesidades de cuidados. Caso clínico: Un paciente de 18 años fue operado con técnica minimamente invasiva. El seguimiento a largo plazo está en curso. Conclusion: La técnica minimamente invasiva se ha convertido en una alternativa eficaz y segura para el tratamiento de pacientes con esclerosis idiopática. Los resultados preliminares son prometedores y muestran una mejora significativa en la recuperación postoperatoria y en la recuperación de la función motora.

EP064 - ACUTE LOW BACK PAIN DUE TO A MIGRATED INTRAUTERINE CONTRACEPTIVE DEVICE: CASE REPORT AND LITERATURE REVIEW

JUAN JOSE ZAMORANO PEREZ
ALDO CUNEO ZÚÑIGA
MARIA CASTOLDI LANNI
RATKO VRACIĆ
BILIZING INTERVENTIONS IN THE TREATMENT OF PATIENTS WITH TANDEM SPINAL STENOSIS IN THE CERVICAL AND LUMBAR SPINE

1. STATE MEDICAL UNIVERSITY, IRKUTSK, RUSSIA. 2. INFIRMIARY RAILWAY CLINICAL HOSPITAL, IRKUTSK, RUSSIA. 3. NATIONAL CENTER OF NEUROSURGERY ASTANA, CASAQSTAO.

Introduction: Acute low back pain is a frequent health problem. Although most cases are self-limiting and usually caused by musculoskeletal pathology, there are some rare etiologies which may even require surgical treatment by other medical specialities. We present a case of acute low back pain due to a migrated intrauterine contraceptive device (IUD), together with a literature review of this peculiar etiology. Case Report: A 33-year-old female patient presented to the Emergency Room at our center with a 2-day history of non-radiated low back pain. Physical examination revealed an important topic in spine surgery. The development of motion preservation technolo­gies has become an important topic in spine surgery. The development of motion preservation technologies and minimally invasive interbody fusion technology should lead to a decrease in this pathology. Methods: We performed a retrospective cohort study based on medical records of patients with symptomatic adjacent levels to posterior lumbar interbody fusion performed by the authors. Clinical ASD was the principal judgment criterion; the length of follow-up time and initial spinal disease were also recorded. Results: Only 41 patients met the recruitment requirements and were available to follow (22 M, 19 F) with an average age of 58 (p=0.0051). On a scale of long-term postoperative outcomes Macnab: excellent - in 10 patients, good - in 10 patients, fair - in 9 patients, poor - in 12 patients. Conclusion: This case report exemplifies the need of considering less frequent procedures to provide more specific and effective treatment. There are several case reports reported by the patient after the surgery. Culture samples were also obtained during the procedures, identifying two germs (Enterococcus faecalis and an extended-spectrum beta lactamase Escherichia coli). She completed a six-week treatment of IV antibiotics, with progressive normalization of inflammatory parameters. There are several case reports regarding migratory infection from an intervertebral fusion and postoperative complications due to bowel perforation. No guidelines for the management of these patients were identified, but most patients required surgical treatment. To our knowledge, no other cases with acute low back pain as the cardinal symptoms have been previously described, increased their risk and complications postoperatively.