

Pedicle Subtraction osteotomy for Ankylosing Spondylitis

SYMPTOMS

A 35-year-old male patient who has ankylosing spondylitis diagnosis had presented to the hospital with gaze problem. Patient had a progressive bending forward problem and could not look forward in time.

DIAGNOSIS

The standing scoliosis X-ray image demonstrated a 69 degrees kyphosis at the thoracic spine. Patient tried to flex the knees and also retroverted the pelvis but could not able to look forward. (Pelvic tilt was 28 degrees) Patient chin-brow vertical angle was 49 degrees.

TREATMENT

After a skin incision from T4 to S1 and visualization and incision of the paramedian fascia bilaterally the paravertebral muscles were dissected with periostal preparation technique.

Transpedicular screws from T4 and S1 were placed bilaterally with free hand technique and iliac screws were placed with the help of C-arm. Neuromonitoring was used during the surgery.

After total laminectomy of L3 and L4 and removal of the ligament flavum a L4 pedicle subtraction osteotomy was performed. After introducing curved rods and securing the locking screws, careful hemostasis, drainage and wound closed in layers.

'The patient had bended forward in time and had a horizontal gaze problem. Because of that we decided to perform a pedicle subtraction osteotomy to L4 and stabilized the patient from T4 to iliac with OSIMPLANT's OSI spine fixation system.



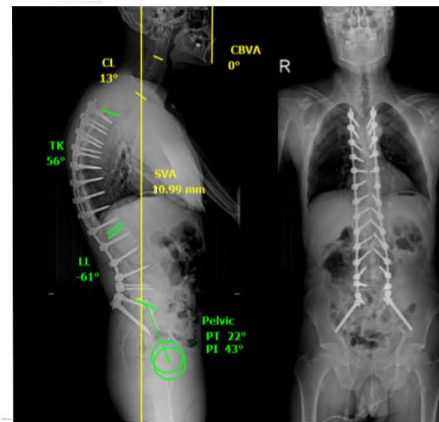
Ass. Prof. Dr. med. Onur Yaman

Pre-Op



Preop: Patient could not look forward. Chin-brow vertical angle was 49 degrees.

Post-Op



Postop: Patient could look forward. Chin-brow vertical angle was 0 degrees after the surgery

