

mater was opened. The dentate ligaments were sectioned below the hernia at the T6 and T7 levels. The hernia was reduced and the spinal cord reinstated in the intradural space without widening the dural defect. The spinal cord was suspended by non-absorbable wire, passed through the remains of the sectioned dentate ligaments then sutured on the inner side of the dura mater. This procedure was performed on the medullary segment below the hernia in order to reduce the risks of iatrogenic neurological deteriorations secondary to our procedure. It allowed us to maintain the spinal cord in the intradural space. This was confirmed by an MRI made at 48 hours of the surgical procedure and then at 6 months. A patient's neurological improvement was obtained. This procedure, to our knowledge, has not been described in the literature. It could be added to other surgical procedures in the therapeutic arsenal of spinal cord herniation.

Keywords: Spinal cord, Herniation, Dentate ligaments

EP-0306 [Spine and Peripheral Nerve » Surgical Technique (Incl. Neuroendoscopy)]

Discectomy vs Sequestrectomy: Do We Really Need to Take the Disc Out?

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Background: Discectomy is one of the most common operations for every level of neurosurgeon, from the trainee to the spine surgeon. But, do we need to take (almost) all the disc out? Does it reduce the odds of recurrence? Or is a simple sequestrectomy enough?

Method: We compared our own results in terms of pain improvement (VAS), Functional outcome (ODI) and recurrence rates for 164 patients who have undergone surgery for discectomy (Gr A., Mean age 58,3 yrs), with a second group of 39 patients with similar demographics who only had sequestrectomy (Gr B., Mean age 56.5 yrs).

Results: For Group A mean VAS improvement was 5,27, Mean ODI improvement was 44,32 and recurrence rate was 9,16%. For Group B mean VAS improvement was 4,96 ($p > 0.05$), Mean ODI improvement was 47,54 ($p > 0.05$) and recurrence rate was 7,93% ($p > 0.05$).

Conclusion: With the rare exception of the intraoperative finding of a very "soft" disc with an obvious tendency to re prolapse into the canal sequestrectomy seems to be as much of an option as a classic discectomy (or microdiscectomy). In 5 yrs of followup there were no statistically significant results in terms of ODI, VAS or recurrence rates that would mandate discectomy over sequestrectomy.

Keywords: Discectomy, Sequestrectomy, Recurrence

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Late Results of Surgical Treatment of Peripheral Nerves Gunshot Injuries

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Aim: To analyze late results of surgical treatment of the sequela of peripheral nerve gunshot injuries (PNGI).

Method: The analysis of treatment results of 19 injured persons with PNGI. Injuries were received during a local armed conflict in the east of Ukraine.

Results: 20 surgeries were performed. 8 (42.1%) persons underwent upper extremity nerve surgeries, and 11 (57.9%) persons underwent lower extremity nerve surgeries. 4 persons with ulnar nerve lesions and 3 injured persons with median nerve lesions were operated on. Another injured person had both median nerve and radial nerves lesions. 4 persons with sciatic nerve lesions and 7 injured persons with peroneal nerve lesions underwent surgeries. Shell, that wounded: 5.45 caliber bullet - 6 (31.6%); fragments from the grenade shells explosion (AGS) - 3 (15.8%); fragments of the mines released from a mortar launcher - 10 (52.6%). During surgery, the anatomical nerve rhexis with the end neuromes formation was detected in 10 (52.6%) injured persons, 5 (26.3%) injured persons had inner neuromes. Nerve neurolysis was performed in 3 cases; neurolysis with the installation of a temporary stimulator was performed in 6 cases. Microneurorrhaphy was performed for 7 persons, and autotransplantation was made for 4 persons. Motor function recovery was evaluated using the scale of R.B. Zachary, W. Holmes (1946) (modified at St. Petersburg Research Institute named after Polenov). 8 (42.1%) injured persons had 0-2 points, 5 (26.3%) injured persons had 3 points, other 5 (26.3%) injured persons had 4 points, 1 injured person (5.3 %) had 5 points.

Keywords: Surgical treatment, Peripheral nerves, Gunshot injuries, Late results

EP-0308 [Spine and Peripheral Nerve » Surgical Technique (Incl. Neuroendoscopy)]

Adjacent Cortico- Cancellous Bone Graft in Anterior Cervical Fusion - A New Technique

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Aim: To assess the efficacy of cancellous and cortical bone grafts harvested from adjacent vertebral bodies in Anterior Cervical Discectomy and Cage Fusion.

Method: After anterior cervical discectomy and inter-body cage placement, anterior wall of adjacent vertebral body is cut at center and using a curette cancellous bones harvested and packed in the cages. Over all fourteen patients underwent this technique. While majority were single level three patients had two level fusion.

Results: We observed that the fusion was good in all patients and the settlement of inter body space was not clinically significant. Vertebral body anterior wall collapse was seen in one patient. Over all we did not observe vast difference in comparison with other inter body cage fusions alone.

Discussion: Cervical vertebral body has abundant cancellous bone which has high osteogenic potential. We emphasize its utility in such cases where in the cages can be packed with rich cancellous bones harvested from adjacent vertebral bodies. In our limited experience we were satisfied with the technique and result. The cancellous bone curettage is avoided close to the disc space since fusion process starts at these ends. Removal of cancellous bone leaves an empty space in the vertebral body. More number of cases and longer duration of follow up is expected in due course.

Keywords: Fusion, Graft, Cervical spine