

Spinálna endoskopia – liečba výhrezu disku drierkovej chrbtice

MUDr. Peter Hudák¹, MUDr. Jakub Šipoš¹, MUDr. Kristián Varga¹, MUDr. Ján Kozák, PhD.¹,
MUDr. Martin Sedliak¹, MUDr. Benedikt Trnovec², MUDr. Milan Liška, PhD., MPH¹

¹Neurochirurgická klinika UNB a SZU, Nemocnica Ružinov, Bratislava

²Neurochirurgické oddelenie, Nemocnica Bory, Bratislava

Rozvojom optických systémov v medicíne sa endoskopia postupne etablovala vo viacerých chirurgických a nechirurgických medicínskych disciplínach, akými sú gastroenterológia, urológia, gynekológia a brušná chirurgia. Jej prienik je citeľný aj do spinálnej chirurgie a neurochirurgie. Dôvodom využitia endoskopie v spinálnej chirurgii je miniinvazivita so šetrením svalového aparátu. Tá umožňuje pacientom po spinálnych operáciách včasnú mobilizáciu a redukuje pooperačné bolesti, čo potenciálne môže viesť k skráteniu času hospitalizácie a včasný návrat do zamestnania. Šetrenie tkanív tiež prispieva k stabilite chrbtice, redukuje riziko instability a vzniku degeneratívnych zmien v budúcnosti. V nasledujúcom článku by sme radi predstavili vlastné skúsenosti s miniinvazívnou endoskopickou technikou ošetrenia výhrezov medzistavcovej platničky drierkovej chrbtice.

Kľúčové slová: spinálna endoskopia, mikroskopická disektómia, miniinvazivita, indikácie, rehabilitácia, skorá mobilizácia.

Spinal endoscopy – treatment of the lumbar disc herniation

From the works published so far, the endoscopic spine surgery of the lumbar spine has its justification. Miniinvasive approach spares muscles, minimizes postoperative pain, shortens hospitalization and of course recovery. It proves the results of our patients after disc herniation treated by endoscopic surgery. In patients we register less postoperative pain, less consumption of analgesics postoperatively, early verticalization and early return to everyday activities. We evaluate the endoscopic discectomy (interlaminar and transforaminal) as an efficient surgical method in treatment of lumbar disc herniation in cases such as radiculopathy, hyperalergic conditions even in cases with motoric deficit. Ideal candidates for lumbar spine endoscopy are patients with discogenic radiculopathy with early symptomatology where we predict soft disc herniation. In these cases, we choose the endoscopic discectomy as a first choice of treatment. Our purpose is to continue in education of spinal endoscopic procedures. We are reducing the amount of recurrent disc herniations with increasing skills. We enrich our experiences in other parts of spine such as cervical spine in treatment of cervical radiculopathy. In March 2023 we implemented the first cervical spine endoscopy, where the main purpose was to decompress the cervical spine nerve which was compressed by cervical disc herniation. In the future we plan to expand in indications criteria, even in cases of degenerative spine disorders, implantation of intervertebral disc cages with transpedicular stabilizations.

Key words: spine endoscopy, microscopic discectomy, miniinvasivity, indications, rehabilitation, early mobilization.

DECLARATIONS:

Declaration of originality:

The manuscript is original and has not been published or submitted elsewhere.

Ethical principles compliance:

The authors attest that their study was approved by the local Ethical Committee and is in compliance with human studies and animal welfare regulations of the authors' institutions as well as with the World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Human Subjects adopted by the 18th WMA General Assembly in Helsinki, Finland, in June 1964, with subsequent amendments, as well as with the ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals, updated in December 2018, including patient consent where appropriate.

Conflict of interest:

Not applicable.

Consent for publication:

Not applicable.

Authors' contributions:

PH – 50 %, ML – 30 %, KV – 4 %, JK – 4 %, MS – 4 %, BT – 4 %, ML – 4 %

Cit. zkr: *Neurol. praxi.* 2024;25(5):383-388

<https://doi.org/10.36290/neu.2023.062>

Článek přijat redakcí: 27. 6. 2023

Článek přijat k publikaci: 31. 8. 2023

MUDr. Peter Hudák

peter.hudak@gmail.com