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The microendoscopic approach for far lateral lumbar disc herniation: A preliminary series of 33 patients

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Introduction: Far lateral lumbar disc herniation compresses the nerve root at the same level. The laterally herniated disc fragment typically could not be exposed by the standard posterior hemilaminectomy technique, and a total facetectomy including wide bone removal is usually essential for good exposure and removal of the herniation but simultaneously increasing the risk of instability.

Aim: In the present study, the author presents his initial 4 years of experience and surgical outcome in treatment of far lateral lumbar disc herniation with a posterior endoscopic modified trans-pars approach.

Materials & Methods: This prospective study was carried out in the period between February, 2011 and January, 2015, where 33 consecutive patients with symptomatic far lateral lumbar disc herniation underwent a posterior endoscopic modified trans-pars approach for lumbar resection of the herniation. The mean age was 39.3 years, range: 26-59 years. Patients were followed-up for four years (mean follow-up was 19.9 months, range: 3–47 months). Patients had their clinical outcomes reviewed and evaluated in terms of pain Visual Analogue Scale (VAS) and Modified Macnab criteria (MMC).

Results: Mean operative time was 91 minutes (range: 55–166 min.). At initial follow-up, according to MMC (three months postoperative) 86% of patients were pain free (28/33) and considered their postoperative status as excellent, 14% as good (5/33), no patients reported a fair or poor outcome. There were no new postoperative neurological deficits or major complications. There were three cases of accidental medial facetectomy due to excess bony work, a single case of dural tear and a single case that had a transient postoperative neuralgia that persisted for two weeks.

Conclusion: Far lateral lumbar disc herniation can be treated adequately with the reported microendoscopic modified posterior trans-pars approach. The technique is associated with marked improvement in back pain and lower limb symptoms, as well as a short length of hospitalization and other benefits of minimal invasiveness. Although a transitory learning curve is necessary, the endoscope in general is safe in handling bimanually and allowed adequate mobility and visualization.

Biography

Mohamed S Kabil is an Assistant Professor of Department of Neurosurgery, Ain Shams University, Cairo, Egypt. He is also the Medical Director of Cairo Endospine Clinic, for Endoscopic Spine Surgery. He obtained his medical degree in 1996 from the Faculty of Medicine, Ain Shams University where he presently serves as a staff member at the Department of Neurosurgery. He also contributed to numerous publications in international medical journals, he is the First Co-Author of the international book, Endoscopic Skull Base Surgery, and gave many presentations about minimally invasive and endoscopic neurosurgery and spine surgery.

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