

Liste-32

OPERATIVE PERIDUROSCOPY: PERSONAL EXPERIENCE

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Purpose: We investigated the efficacy and limits of periduroscopy as investigation in order to determine quantity and quality of intrarachidian pathologies and as therapeutic approach to release the peridural site from connective-pathological fibres.

Materials and Methods: 25 patients were submitted to an operative periduroscopy . Every patient was subjected to an evaluation to define both the pain syndrome and the etiogenetic condition. Follow up: 1 year.
We made use of a Wolff and a Myelotec flexible endoscopy. Mixed anaesthetic technique. Repere peridural space: we used a paramedia approach at the lumbar level (10 pz) and caudal (15pz) .Saline (300- 1200 ml) was used to obtaine a good vision of the epidural space. After check of liquids diffusion by contrast, we went on unbridling the fibrous lacinie with an instrumental pressure dilation. Administration in phlogosis sites of steroid- (120 mg) and antibiotic-action drugs 100 mg. Ciprofloxacina.

Results:The correlation level among pain symptoms, predominance of neuropathic disorders and peridural fibrous lacinie quantity was high enough. Clinical efficacy : the procedure of peridurolysis was more efficacious in those patients whom we could effect a real release of the structure from the adhesion connective bridling, visualized by a pre- and post-lisi peridurography too. We had a persistent pain relief in patients affected by the more recent scars. In the 5 FBSS patients with SCS we could leave out the generator for at least 2- 3 months after the periduroscope procedure, and then re-start it with lower voltage parameter.- Anatomical abnormalities were found in patients without rachidian pathologies.

Complications: All without sequelae. Intraoperative bradysistolia (1pz). Serious medulla-radicular irritation (2pz): an intraoperative case with dysesthesia-hypostenia and diffuse spasms at lower limbs. We had to interrupt the procedure.Ad integrum recovered 3 hours later. 1 case with diffuse tonic-clonic spasms that appeared about 30 minutes after the end of the operation. Cerebral CAT: pneumoencephalon.Ad integrum rehabilitation 2 hours later.

Conclusion: We think that the periduroscopy technique is an indispensable investigation in order to determine quantity and quality of intrarachidian pathologies, above all in negative MRI-CAT syndromes as differential diagno-sis vs. psychopathological attitudes. It can became elective in patient with controindications to MRI . Operative support during the placement of electrodes for spinal stimulation, especially for dual systems. Release of the peridural site from connective-pathological fibres, especially at the beginning with the cicatrization.
Anyway, the periduroscopy technique requires many improvements both for material and methods.