



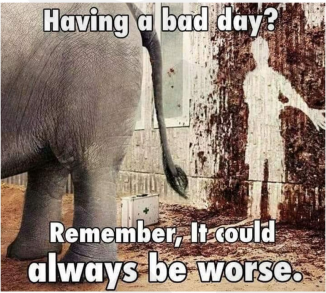
Case Discussions

Chairs:
Prof M J H McCarthy and Dr G Borden

Faculty:
Prof O Alves, Dr Federico Pecoraro, Miss Maggie Lee,
Dr M Damilano and Mr Robin Gordon

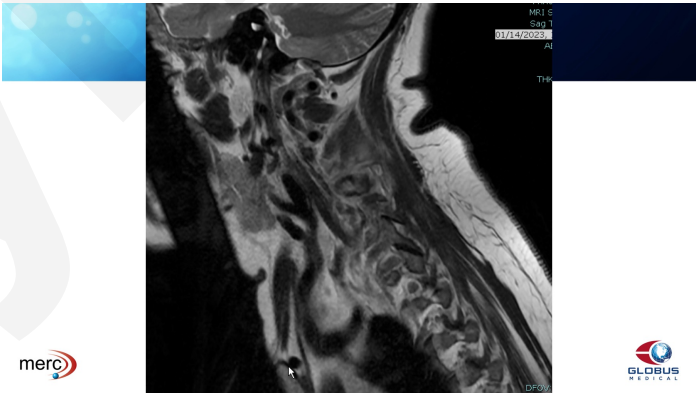
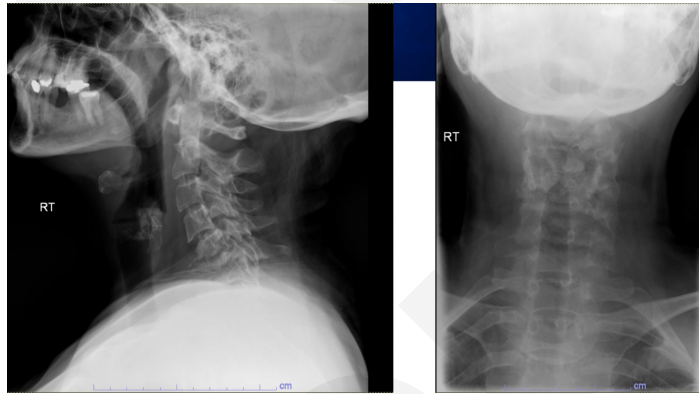


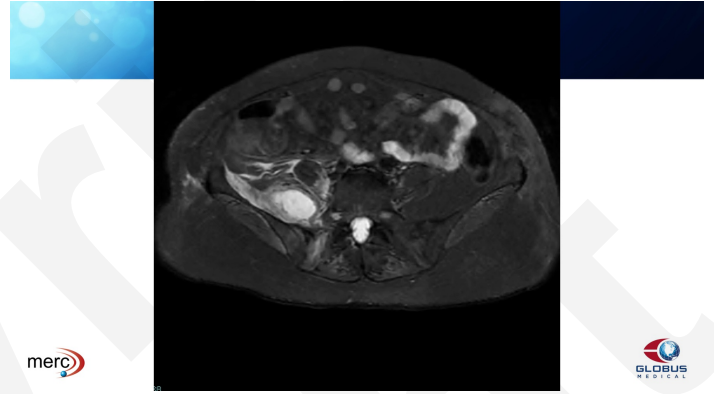
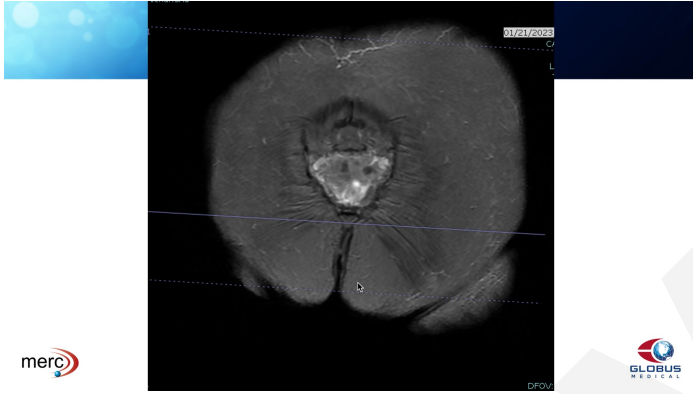
Cases



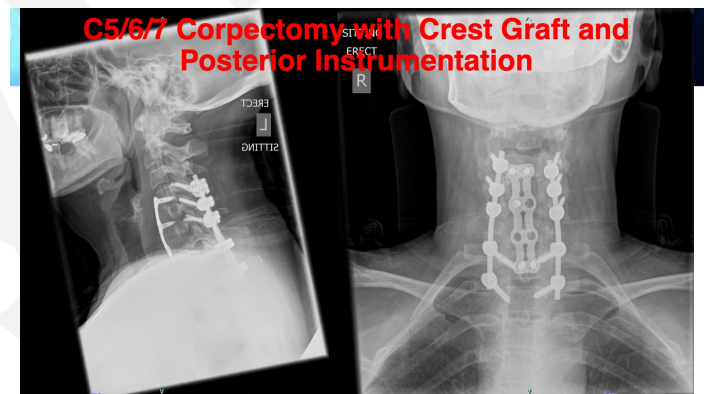
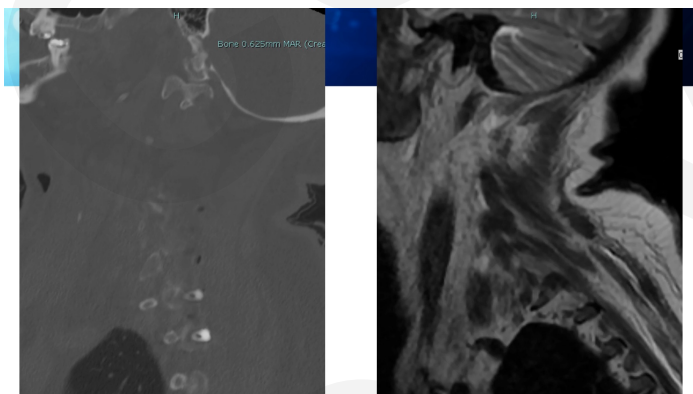
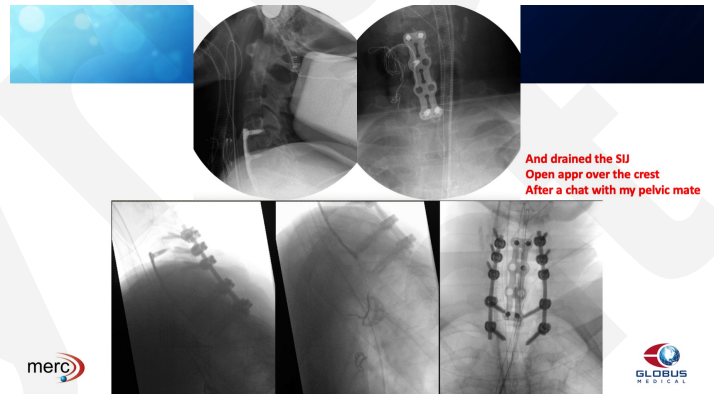
Case 1 – Infection Everywhere

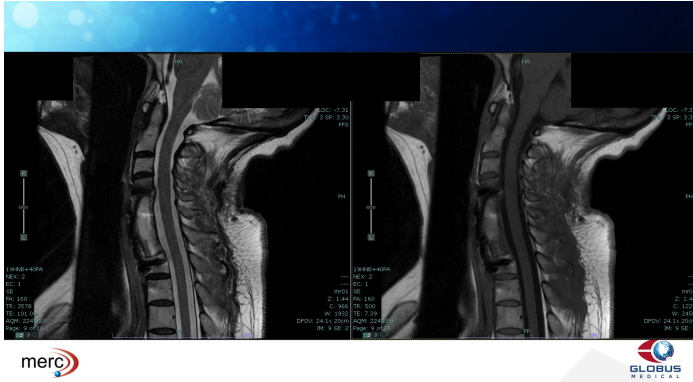
- 57 year old female
- Started with low back and right leg pain 4 months ago
- Now septic
- Severe neck pain and weakness all 4 limbs





Case 1 – What would you do?



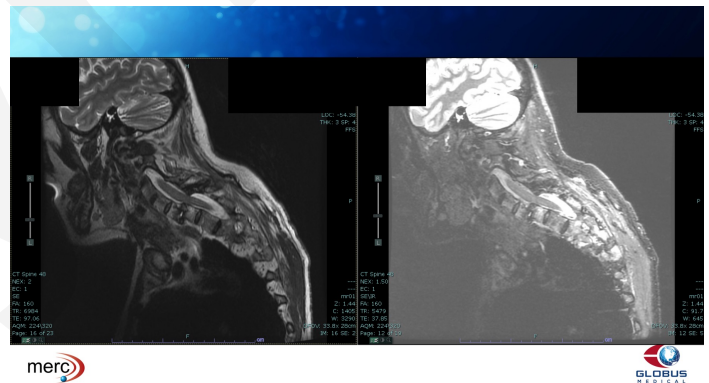
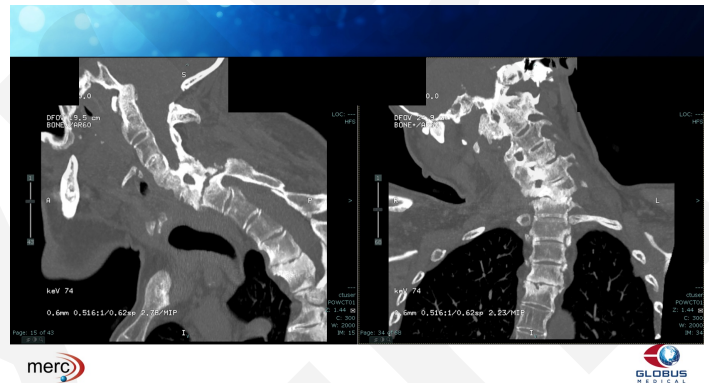


Case 2 – Ank Spond AND Rheumatoid

- 44 year old male
- AS and Rh Arthritis
- Wheelchair bound due to joints
- Falls
- Progressive neck pain and deformity

merco

GLOBUS MEDICAL



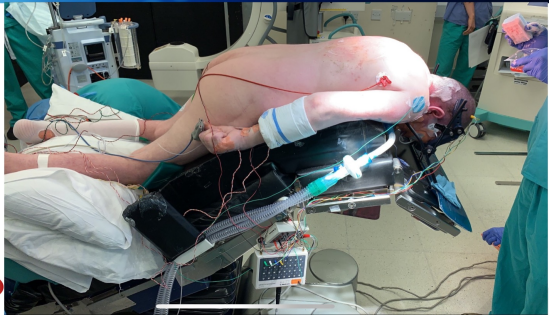
Case 2 – What would you do?



Case 2 – What would you do now...?



Image: Consented and Permission Granted



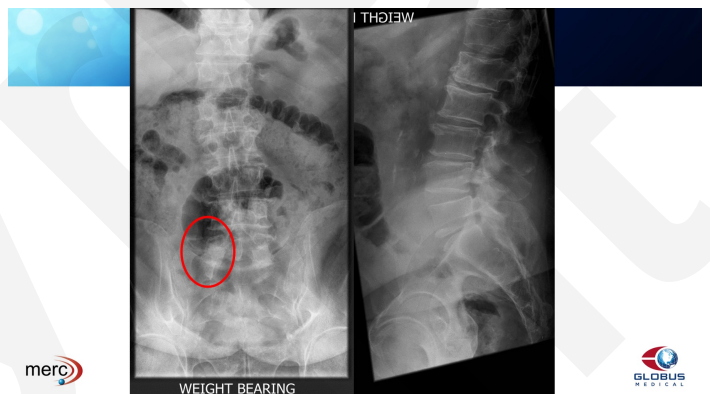
Halo left on
Skin wash

Long Posterior Instrumentation

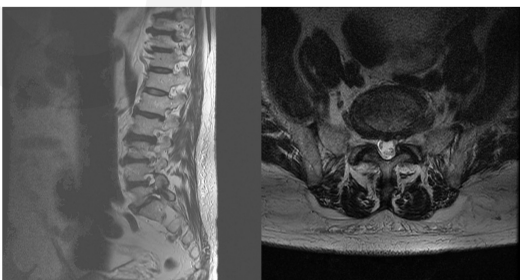


Case 3 - Thoracolumbar

- 65 year old male
- Ex-miner, poor skin, overweight
- Severe right L5 pain
- Failed conservative management
- Responded well to root block



Case 3 - Thoracolumbar

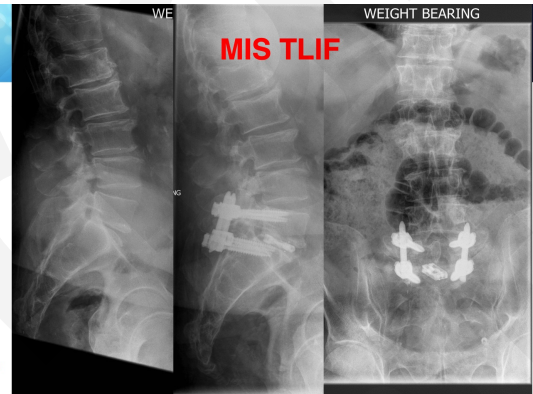


Case 3 – What would you do?



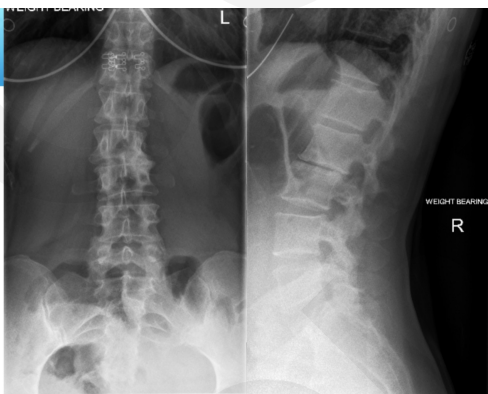
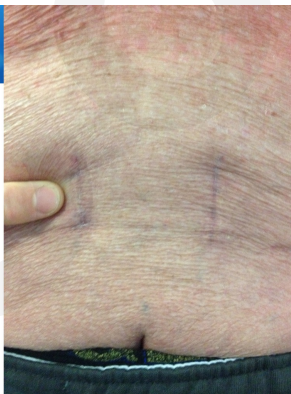
Case 3 - Options

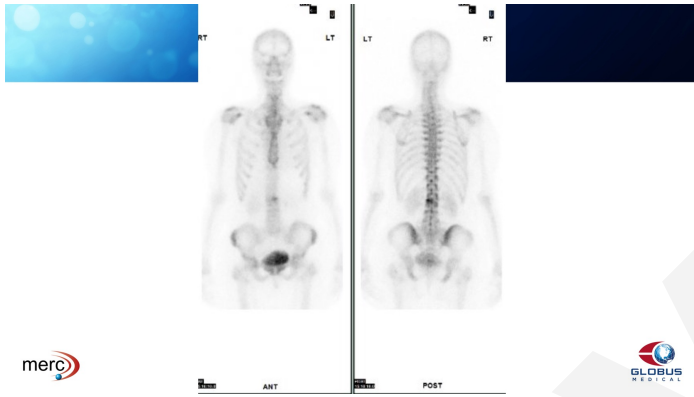
- Nothing / Conservative / Pain Clinic...
- Decompression / Facetectomy...
- ALIF alone...
- ALIF with posterior...
- TLIF...
- Endoscopic foraminotomy...



Case 4 - Thoracolumbar

- 40 year old female
- 2 previous L2/3 discectomies for leg pain
- No complications
- Now has severe LBP and some leg pain





Case 4 – What would you do?

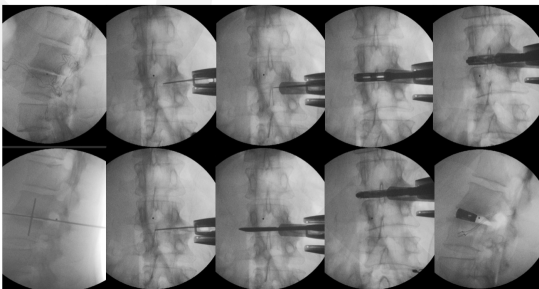


Case 4 - Options

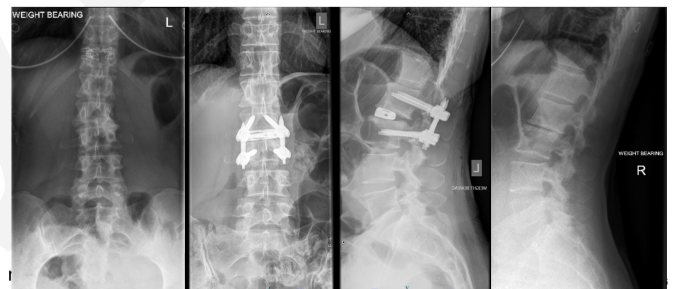
- INTERBODY DEVICE TO ADDRESS PAIN SOURCE
 - Access into a shut down disc space...
- ALIF
 - Access surgeon (?) / specialist training - L2/3...
 - Good fusion footprint - Will require additional posterior surgery (?)
- LLIF
 - Specialist training (?)
 - Low risk to neural structures
 - Ribs might get in the way
 - Good fusion foot print - Will require additional posterior surgery (?)
- TLIF
 - Neuronal elements exposed – not necessarily required – already been there twice
 - Smaller fusion footprint
 - All in one approach – front and back addressed



Case 4 - Thoracolumbar

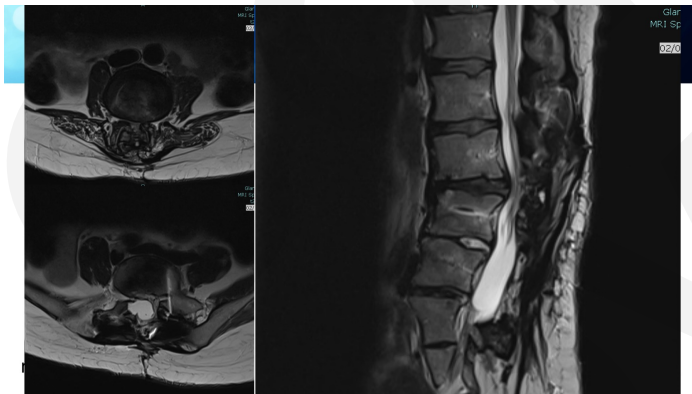
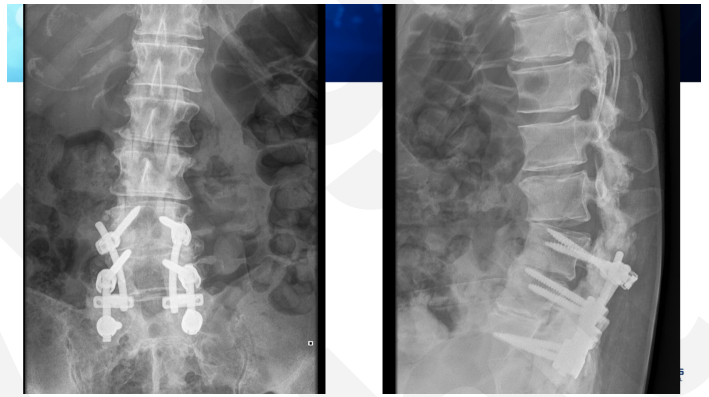


L2/3 LLIF with Perc Posterior

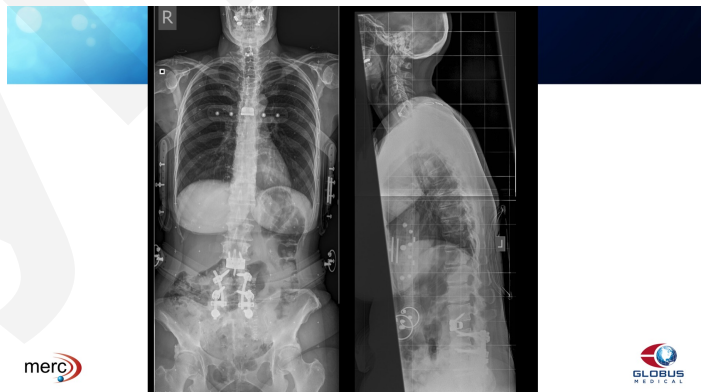


Case 5 - Thoracolumbar

- 50 year old female
- Lots and lots of previous surgery with dural tears
- Presents with acute CES at 11pm



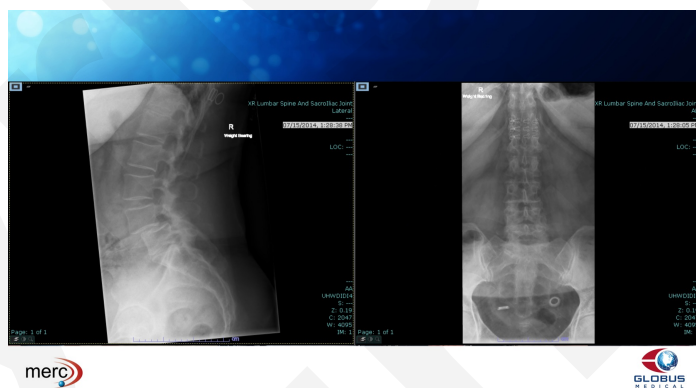
Case 5 – What would you do?





Case 6 - Thoracolumbar

- 60-year-old female
- severe LBP and stenotic leg symptoms

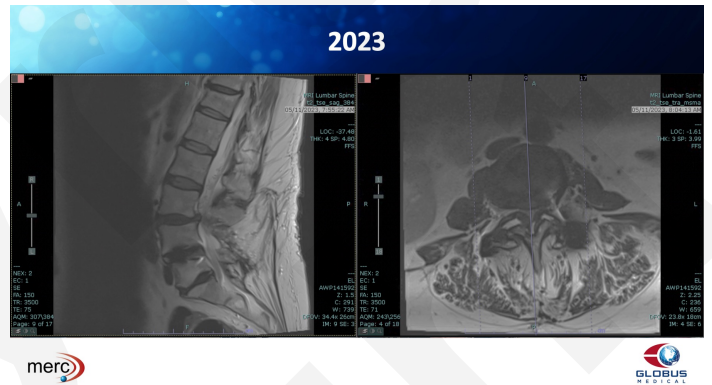
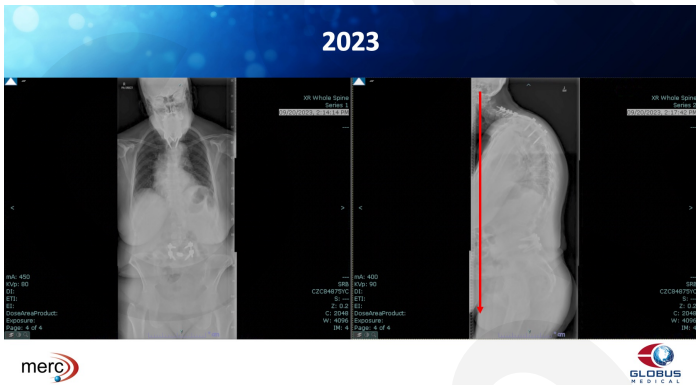
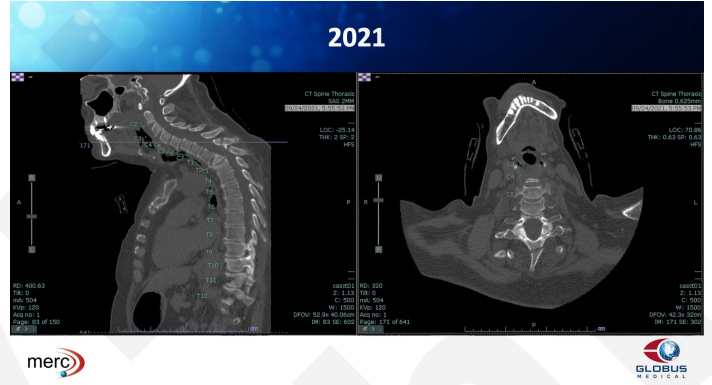
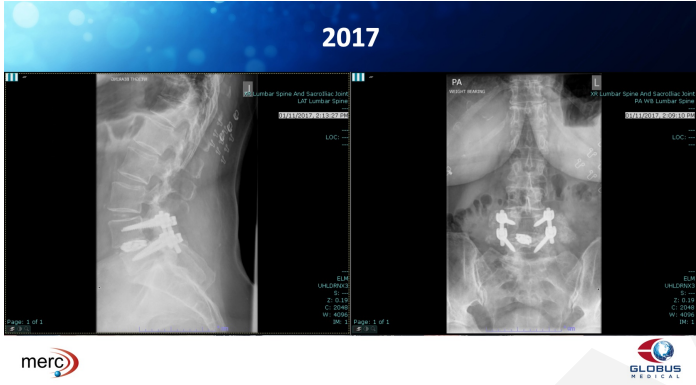


2014

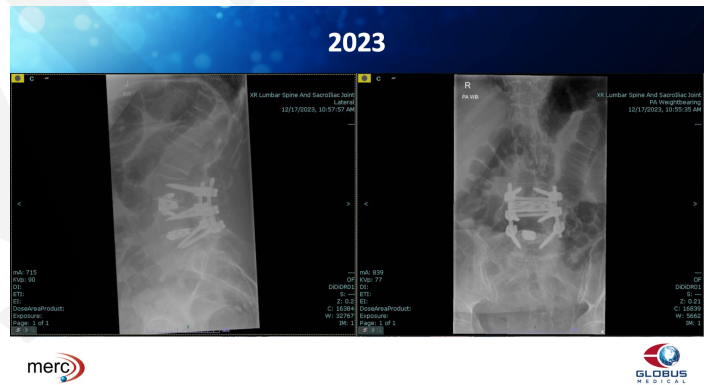


Case 6 – What would you do?

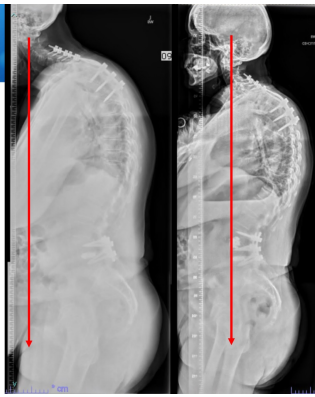




Case 6 – What would you do now?

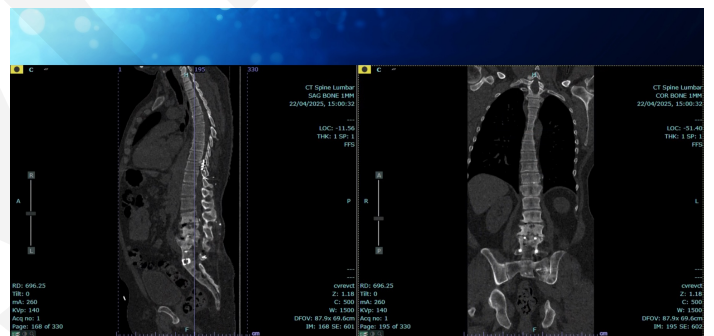
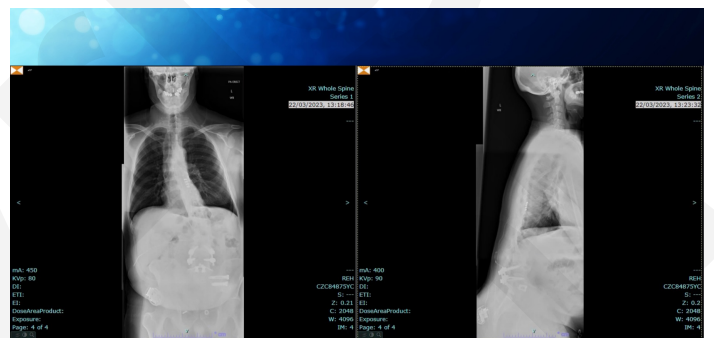


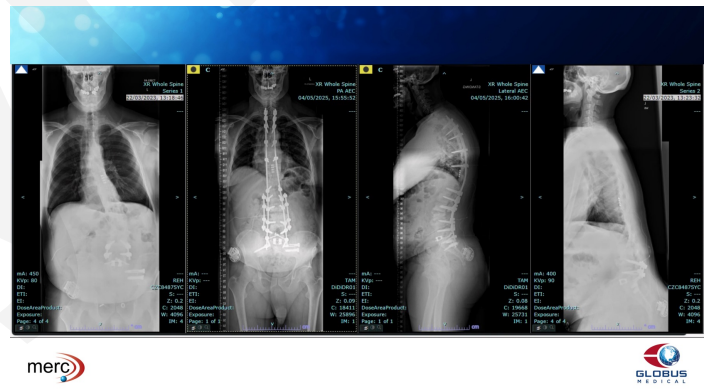
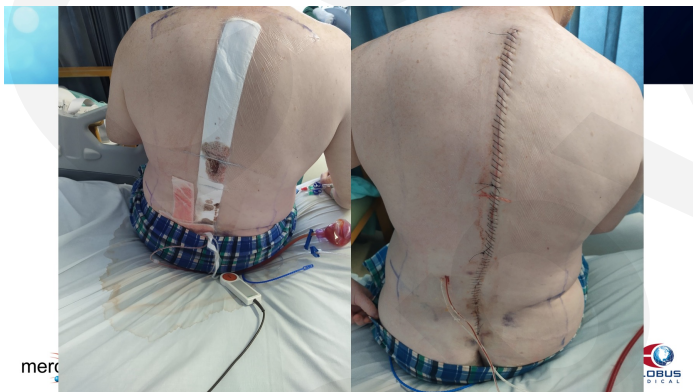
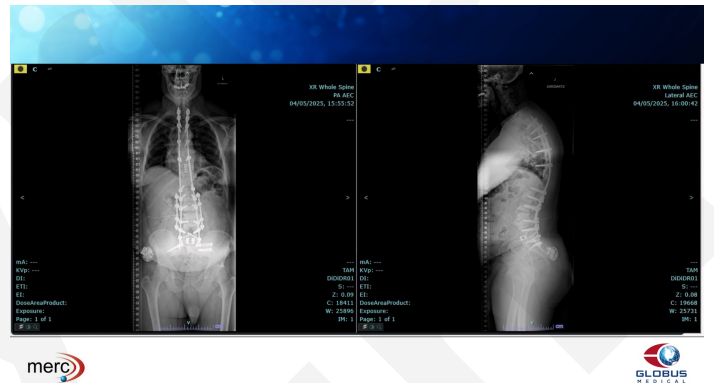
2025

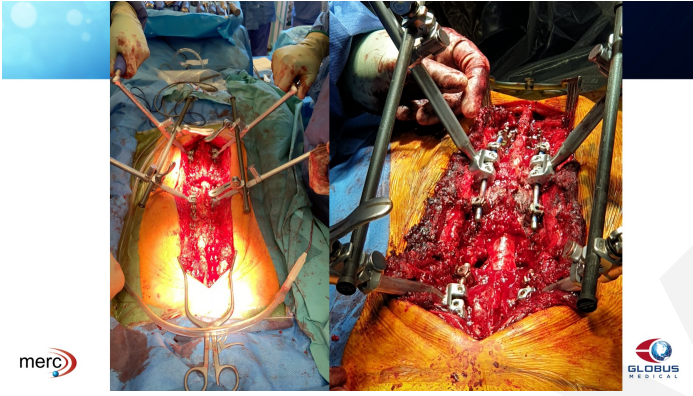


Case 7 - Thoracolumbar

- 45 year old male
- Lots and lots of previous surgery with infections
- Chronic pain
- SCS and Baclofen pump
- Significant spinal deformity and DDD







Time for Breakouts then More Lab

