Minimal access spinal surgery better for infectious spondylitis

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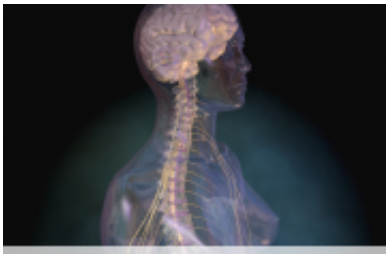

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(HealthDay)—Minimal access spinal surgery (MASS) for management of infectious spondylitis results in fewer complications and reduced length of stay, compared with traditional anterior spinal surgery (TASS), according to a study published in the July 1 issue of *The Spine Journal*.

Ching-Yu Lee, M.D., from Chang Gung Memorial Hospital in Taiwan, and colleagues compared the outcomes of MASS and TASS for the management of infectious spondylitis over an average of 4.2 years of follow-up. Data were obtained from institutional spine operation registries (January 2002 to June 2010) for 23 MASS patients and 17 TASS patients.

The researchers found that in the MASS and TASS groups, respectively, the mean estimated blood loss was 521.7 versus 979.4 mL (P = 0.007);

intraoperative transfusion of packed red blood cells was 0.9 versus 2.7 units (P = 0.019); and the amount of postoperative tube drainage was 235.2 versus 454.3 mL (P = 0.005). Two MASS patients and seven TASS patients required postoperative intensive care (P = 0.023). Length of hospital stay was 15.4 versus 22.9 days, respectively (P = 0.043). In the MASS group the overall complication rate was 17 percent versus 59 percent in the TASS group (P = 0.007).

"In comparison to TASS, MASS resulted in a reduced blood transfusion amount, decreased intensive care unit stay, reduced overall length of stay, and reduced surgical complication rate," the authors write.

More information: Abstract
Full Text (subscription or payment may be required)