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Percutaneous Endoscopic Cervical Discectomy (PECD) : An analysis of outcome, causes of reoperation

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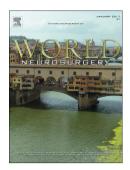
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Abstract

Objective

Percutaneous endoscopic cervical discectomy (PECD) regarded as an effective treatment modality in cervical disc herniation, including radicular pain and lateral location of disc herniation. This study aimed to evaluate the clinical and radiological outcomes with PECD, along with the causes of reoperation and the technique itself.

Methods

Between January 2007 and November 2012, 101 patients underwent PECD at the Busan Wooridul hospital. Three patients underwent two-level PECD. The mean follow-up period was 34 months (range, 18-72 months). The mean age was 46.1 years; the most common operation was at the C5/6 level (n=45), followed by C6/7 (n=35), C4/5 (n=16) and C3/4 (n=8). The clinical outcomes were evaluated using the Visual Analog Scale (VAS) of the neck and arm according to the Neck Disability Index (NDI) and the modified MacNab criteria. Among 101 patients, 12 underwent an additional operation at the index level. Five patients had aggravated stenosis by disc height narrowing, 4 had recurred disc, 2 had remained disc, and 1 had sustained symptoms.

Results

Following PECD, there was a significant improvement in the VAS and NDI scores (p<0.001). According to the modified MacNab criteria, excellent concordance was achieved in 65 patients, good in 22, fair in 2, and poor in 12. The reoperation performed on 12 patients improved their clinical outcomes. The mean duration was 4.8 months (2 days to 18 months) until reoperation. There were 3 PECD revisions, 3 artificial disc replacements, 2 corpectomys, 2 anterior cervical discectomy and fusion with cages, and 2 transfers to another hospital. The common feature was older age (p=0.016) and male gender (p=0.031). Preoperative radiologic

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