

109 年 7 月 4 日 北區脊椎病例討論會

時間：109年07月04日(W6) 上午8:30-11:30

地點：台大醫院景福館一樓會議室(公園路15-2號)

主辦：林口長庚醫院骨科部脊椎科

指導：台灣脊椎外科醫學會

順序	病患	診斷	病情簡述	報告醫師	所屬醫院
1		NF-1 with dystrophic kyphoscoliosis	A crooked proximal thoracic deformity	楊士弘	台大神經外科
2	22 F	Adolescent idiopathic scoliosis, Lenke 3CN	The patient has past history of Chiari I malformation with cervicothoracic syringohydromyelia 10 years ago. Now the syringohydromyelia regressed and the patient received T4-L4 posterior corrective surgery.	葉祐成/ 賴伯亮	林口長庚骨科
3	77 F	Degenerative scoliosis s/p corrective surgeries Parkinsonism (+)	Degenerative scoliosis s/p corrective surgeries, which complicated with implant failure and pseudoarthrosis. Revision A+P surgeries was performed.	曾效祖	台北慈濟骨科
4	44 F	AS with fused cervical spine kyphosis	back pain and neck pain since 20 years old. Major impact on normal breathing and looking forward in recent months	R5陳顥文/ 葉光庭	花蓮慈濟骨科
5	40 M	C7~T5 beak type OPLL with myelopathy	Symptoms & signs: <ul style="list-style-type: none"> Bilateral lower legs numbness was noted for months. Weakness and urinary incontinence were noted recently. MRI suggested C7 ~ T5 spinal stenosis with T1~T3 cord signal change. CT proved beak type OPLL arises from C7 to T2 Operation: C3~T8 Kyphotic correction with lateral mass screws (C3~C7) and TPS screws (T1~T8) + Indirect decompression with T1~T5 panlaminoplasty + Posterolateral fusion	胡御風(V1)/ 陳磊勃、 張定國	馬偕骨科
6	88 F	Subtle pyogenic vertebral osteomyelitis with pathologic fracture mimicking vertebral compression fracture with pseudoarthrosis	L1 compression fracture with speudarthrosis s/p VP with intra-VP culture : propionibacterium acnes s/p long instrumentation and short fusion	謝逸樵/ 王世典	台北榮總骨科
7	71 F	T7 osteoporotic compression fracture with L3-L5 TPS loosening	She had middle back pain and left flank pain for 2 months. She underwent T7 percutaneous vertebroplasty with 3D C-arm trajectory laser assistance (Siemens Artis Zeego) in hybrid OR, and L3-L5 screw removal.	羅濟安/ 蔡宗廷	林口長庚骨科

	55 M	T8 and T9 pathologic compression fracture T9 epidural spinal cord compression and multiple spine metastases	He had middle back pain for 2 months and bilateral leg numbness and weakness for 1 day. He underwent T9 percutaneous biopsy and T7-T11 percutaneous transpedicular screw fixation in hybrid OR (Siemens Artis Zeego). Pathology showed prostate adenocarcinoma. He underwent further cancer treatment including systemic hormone therapy and T8-10 adjuvant radiotherapy.		
8	50 M	R't L4-5 extraforaminal HIVD	s/p R't L4-5 PELD in China, ys ago, s/p R't L4-5 revision discectomy by NTUH 4m ago, R't knee, anterior thigh pain reaggravated for 1m	R2徐振恆/ 牛自健	林口長庚 骨科
9	43 M	C2-5, T2-4 OPLL	Post C2-5 posterior decompression and instrumentation with lateral mass screw + T2-4 posterior laminectomy, indirect decompression, instrumentation and posterior lateral fusion on 108/12/19. However, immediately post-op Frankel A spinal cord injury at POR was noted. Then, emergent T2-4 posterior approach and direct anterior decompression was done on 108/12/19. The right side muscle power regained at post-op 11 days and left side muscle power regained at post-op 17 days. After series rehabilitation, the muscle power improved to 3-4 score over left side and 2-3 score over right side at post-op 163 days. However, followed up MRI showed contained CSF leakage over previous T spine to C spine wound. Then, CSF drainage and dural repair was done on 109/06/02. The patient was at Frankel D status now.	林希賢/ 張明超	台北榮總 骨科
10	59 M	T12 fracture dislocation and spinal cord transaction	The patient sustained a motor vehicle accident with T12 fracture dislocation and spinal cord transaction	陳志偉	台大骨科
11	57 M	T12, L2 RCC metastasis s/p debulking and posterior fixation, tumor recurrence and implants failure		胡名孝	台大骨科
12	65 F	T12 old compression fracture with TL junction focal kyphosis with L1-S1 stenosis, Foci??	Back pain and lower limb weakness since 2 months ago. Sudden onset of disability of walking in recent weeks with wheelchair dependent.	R3蘇文進/ 葉光庭	花蓮慈濟 骨科