

Lumbar spinal stenosis in elderly patients.

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Kaptan H, Kasimcan O, Cakiroglu K, Ilhan MN, Kilic C.
Department of Neurosurgery, Ulus Hospital, 06700 Ulus, Ankara, Turkey.
hulagukaptan@yahoo.com

Over a 3-year period in our clinic, surgeons operated on 32 persons over 65 years old with lumbar spinal stenosis. This article presents the retrospective analysis of the clinical, radiological, and short-term surgical outcomes. The stenosis seen most commonly among the elderly develops focally at the intervertebral junctions as a result of a complex process of disc degeneration, facet arthropathy, ligamentum flavum hypertrophy, spondylosis, and sometimes spondylolisthesis. All patients underwent a midline decompressive laminectomy with foraminotomies at the affected levels, and discectomy was performed in persons with lumbar disc hernia. Average age was 71.15 +/- 5.09 (65-80); 50% (16) were women, and 50% (16) were men. The most frequent symptoms were pain (96.9%) and neurological claudication (90.6%). The average preoperative duration of the symptoms was 139.87 +/- 115.03 weeks. The most frequent neurological symptoms were reflex disturbances (62.5%), Lasèques's sign (SLR) (+)(53%), and motor deficit (50%). The anteroposterior diameter of the spinal canal was less than 11.5 mm in 71.9% of the cases. In 62.5% of the patients, partial recovery was observed in the short term; 68.8% of the patients underwent laminectomy. Of those, 87.5% had total and 12.5% had partial laminectomies. In addition to laminectomy, discectomy was performed in 31.3% of the patients. Total laminectomy was more likely to be performed on patients older than 65 years, because the anteroposterior diameter was more likely to be below 11.5 mm in this cohort of patients. In lumbar stenosis, surgical treatment-decompression is an effective method. Surgery has been demonstrated to be effective even in patients over the age of 75 years.

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