Anterior approach to the upper thoracic spine (T2-T4): the experience of seven cases

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In this report we review the cases of seven patients with pathological lesions involving the anterior aspect of their upper thoracic spines (T2-T4) who were surgically treated. The three men and four women ranged in age from 40 to 77 years, with a mean age of 60.3 years. There were four cases of infection and three cases of tumour metastases. All except one presented with neurological deficits, and all improved after surgery. The surgical approaches were high thoracotomy from the left side (two cases), manubriotomy (two cases), osteotomy of clavicle with partial manubriectomy (two cases), and video-assisted thoracoscopy (one case). Two complications were related to treatment. One patient developed pleural effusion after video-assisted thoracoscopy drainage of T2 prevertebral abscess, and one had hoarseness. Both of them recovered uneventfully. Preoperative planning is important, because the choice of the surgical approach depends on the levels of the lesion, the deformities, the extent of dissection, and the stabilising implants needed. (Hong Kong Journal of Orthopaedic Surgery 2001;5(2):95-102.)

Key Words: Anterior lesions; Case report; Postoperative complications; Spinal cord compression; Thoracic vertebrae/surgery

上胸椎(T2-T4)之前入路術

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本文評估了七名患上胸椎体病變而須接受前路手術之病者，病者包括三名男性及四名女性，平均年齡為60.3年。四例是感染，三例是腫瘤轉移。除一例外，其餘都有早期病徵徵兆，術後都得到明顯改善。手術入路包括經胸切口 (2例)，胸骨柄切開 (2例)，經鎖骨切開及部份切除胸骨柄 (2例)，及經胸腔鏡 (1例)。兩例術後出現併發症，包括胸腔積水及聲音沙啞，患者術後康復良好。上胸椎之前入路取決於病變的位置及數、畸型、及選須內固定等因素，因此術前之計劃極其重要。