Lateral extracavitary approach

Larson et al. ¹⁾ described an aggressive lateral approach to the spine in 1976 called the "lateral extracavitary approach".

The lateral extracavitary approach (LECA) allows for broad visualization and circumferential spinal column reconstruction. However, early reports demonstrated significant complication rates, protracted operative times, and prolonged hospitalizations. More recent reports have highlighted concerns for subsidence, particularly with expandable cages.

The LECA approach for anterior column reconstruction with static or expandable cages is an important surgical consideration with favorable surgical parameters and complication rates. Further, use of expandable cages may allow for reconstruction over a larger segment without increased risk of subsidence ²⁾.

However, despite certain advantages, few surgeons perform the lateral extracavitary approach. It is generally time consuming.

In particular, in the thoracic spine, the classic lateral extracavitary approach provides a generous corridor for vertebral tumor resection and subsequent central cage placement once nerve roots are sacrificed. ^{3) 4)}.

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