

Lordotic cage

Lordotic cages provided significant increase in operative level segmental lordosis compared to non-lordotic cages although overall lumbar lordosis remained unchanged. Anterior and posterior disc heights were significantly increased by both cages, providing basis for indirect spinal decompression¹⁾.

Lordotic cage insertion through the lateral transpsoas approach is being used increasingly for restoration of sagittal alignment.

Insertion of a parallel or 10° cage has little effect on lordosis. A 30° cage insertion with ALL release resulted in a modest increase in lordosis (10.5°). The addition of spinous process (SP) resection and facetectomy was needed to obtain a larger amount of correction (26°). None of the cages, including the 30° lordotic cage, caused a decrease in posterior disk height suggesting hyperlordotic cages do not cause foraminal stenosis²⁾.

¹⁾

Sembrano JN, Horazdovsky RD, Sharma AK, Yson SC, Santos ER, Polly DW Jr. Do lordotic Cages Provide Better Segmental Lordosis Versus Non-lordotic Cages in Lateral Lumbar Interbody Fusion (LLIF)? J Spinal Disord Tech. 2014 Jun 4. [Epub ahead of print] PubMed PMID: 24901875.

²⁾

Melikian R, Yoon ST, Kim JY, Park KY, Yoon C, Hutton W. Sagittal Plane Correction Using the Lateral Transpsoas Approach: A Biomechanical Study on the Effect of Cage Angle and Surgical Technique on Segmental Lordosis. Spine (Phila Pa 1976). 2016 Sep;41(17):E1016-21. doi: 10.1097/BRS.0000000000001562. PubMed PMID: 26974836.

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