

Lumbar intervertebral disc disease treatment

The current surgical strategies for treating symptomatic disc disease are limited.

The role of [fusion](#) of lumbar motion segments for the treatment of intractable [low back pain](#) (LBP) from [degenerative disc disease](#) (DDD) without deformities or instabilities remains controversially debated and is a questionable indication for spinal fusion. Given the generally poor outcomes of a study, future studies should determine if lumbar fusion surgery is an effective treatment modality in similar workers' compensation (WC) patients ¹⁾.

A variety of materials have been developed to replace disc components, including the [nucleus pulposus](#) (NP), the [annulus fibrosus](#) (AF) and their combination into disc-like engineered constructs.

[Lumbar total disc replacement](#) (TDR) has been used as an alternative in a highly selected patient cohort. However, the amount of long-term follow-up (FU) data on TDR is limited. In the United States, insurers have refused to reimburse surgeons for TDRs for fear of delayed complications, revisions, and unknown secondary costs, leading to a drastic decline in TDR numbers.

Examples

see PLIF

TLIF

[ALIF](#)....

¹⁾

Anderson JT, Haas AR, Percy R, Woods ST, Ahn UM, Ahn NU. Single level Lumbar Fusion for Degenerative Disc Disease is Associated with Worse outcomes compared to Fusion for Spondylolisthesis in a Workers' Compensation Setting. Spine (Phila Pa 1976). 2014 Dec 9. [Epub ahead of print] PubMed PMID: 25494321.

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