

Percutaneous Transforaminal Endoscopic Lumbar Discectomy case reports

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Cho et al. reported 2 rare cases in which segmental artery injury that occurred during PELD was treated with emergency embolization.

In case 1, a 31-year-old man was transferred to the emergency department with left lower quadrant [abdominal pain](#) after [PELD](#) at a local hospital. Lumbar spine magnetic resonance imaging after the surgery showed a hematoma of the left retroperitoneal area and the [psoas muscle](#) area. Under suspicion of vascular injury, [arteriography](#) was performed. [Pseudoaneurysm](#) and blood leakage from the left 4th lumbar segmental artery into the abdominal cavity were identified. Emergency transarterial embolization was performed using fiberoptic microcoils for bleeding of the segmental artery.

In case 2, a 75-year-old woman was transferred to our emergency department with low blood pressure, right flank pain, and drowsy mental status after PELD at a local hospital. When the patient arrived at the emergency room, the blood pressure decreased from 107/55 mmHg to 72/47 mmHg. Low blood pressure persisted. Under suspicion of vessel injury, arteriography was performed, and the right 4th lumbar segmental artery rupture was confirmed. Emergency transarterial embolization was performed for bleeding of segmental artery.

They were able to find the bleeding focus by angiography and treat the injury of the segmental artery successfully through emergency transarterial embolization ¹⁾

Full-endoscopic [Transforaminal lumbar endoscopic discectomy](#) is based on a [puncture technique](#) using a guide [needle](#) to reach the target area of the [foramen](#) via a percutaneous posterolateral/lateral approach. It may correlate with specific approach-related complications, as exiting [nerve root injury](#).

Panagiotopoulos et al., report the first case of **pseudoaneurysm** of the **lumbar segmental artery** secondary to a transforaminal full-endoscopic surgery in the treatment of a **lumbar disc herniation**. A 39-year-old man underwent left L4-L5 full-endoscopic transforaminal lumbar discectomy for a herniated disc. Three hours after surgery, he experienced acute progressive **abdominal pain**. An abdomen CT scan showed contrast extravasation in the left paraspinal compartment at L4 vertebral body level. The selective left lumbar **angiogram** revealed a pseudoaneurysm of a side branch of the left lumbar segmental artery, which was treated by endovascular **coiling**. The patient made a rapid postoperative recovery without further complications and was discharged 4 days later. This report identifies a rare complication of transforaminal full-endoscopic surgery in the treatment of a herniated lumbar disc. This is the first case of pseudoaneurysm formation of the lumbar artery following a full-endoscopic transforaminal lumbar discectomy ²⁾.

1)

Cho WJ, Kim KW, Park HY, Kim BH, Lee JS. Segmental artery injury during transforaminal percutaneous endoscopic lumbar discectomy: Two case reports. World J Clin Cases. 2022 Nov 26;10(33):12345-12351. doi: 10.12998/wjcc.v10.i33.12345. PMID: 36483795; PMCID: PMC9724518.

2)

Panagiotopoulos K, Gazzeri R, Bruni A, Agrillo U. Pseudoaneurysm of a segmental lumbar artery following a full-endoscopic transforaminal lumbar discectomy: a rare approach-related complication. Acta Neurochir (Wien). 2019 Mar 16. doi: 10.1007/s00701-019-03876-7. [Epub ahead of print] PubMed PMID: 30879131.

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