Thoracic disc herniation surgery

- Case-Control Investigation of Association of Clinician-Determined Variables With Progressive Myelomalacia After Acute Thoracolumbar Disc Extrusion in Dogs
- Dynamic behavior of the nucleus pulposus within the intervertebral disc loading: a systematic review and meta-analysis exploring the concept of dynamic disc model
- Advancements in Spinal Endoscopic Surgery: Comprehensive Techniques and Pathologies Addressed by Full Endoscopy Beyond Lumbar Disc Herniation
- Lumbar angiomatous meningioma: how to manage this rare entity? A case report
- Full-endoscopic Discectomy for the Treatment of Thoracic Myelopathy Caused by Upward-migrating Thoracic Disc Herniation
- Iceberg floating technique of ventral decompression for thoracic spinal stenosis and myelopathy: Technical note and preliminary results
- Comparative analysis of mini-open trans-thoracic transpleural and posterior approaches in thoracic disc herniation surgery: A 10-year retrospective review
- Transforaminal Endoscopic Thoracic Discectomy Is More Cost-Effective Than Microdiscectomy for Symptomatic Disc Herniations

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Thoracic disc herniation surgery can be challenging due to the anatomical constraints and the high risk of morbidity due to proximity to the thoracic spinal cord. Moreover, the selection of an appropriate surgical approach depends on various factors such as the size and location of disc herniation within the spinal canal, spinal level, presence or absence of calcification, degree of spinal cord compression, and familiarity with various approaches by the treating surgeon. While there is agreement that posterolateral approaches can be used to treat posterolateral and central soft disc herniation, there is a lack of consensus on the best surgical approach for central calcified and giant calcified TDH where an anterior approach is perceived as the best option. There is increasing evidence that supports the safety and efficacy of posterolateral approaches even for central calcified and giant calcified TDH [1)]

Thoracic discectomy

see Thoracic discectomy.

Intraoperative SSEPs and MEPs may be helpful for patients with myelopathy. For a laterally located herniated noncalcified thoracic disc posterolateral approach with medial facetectomy is technically simple and has generally good results. For a central disc herniation, or when myelopathy is present: the transthoracic approach has the lowest incidence of cord injury with the best operative results

Indications

Thoracic disc herniation requiring surgery are rare [2)]

Indications: refractory pain (usually radicular, bandlike) or progressive myelopathy. Uncommon: symptomatic syringomyelia originating at level of disc herniation.

Approaches

see Thoracic spine approaches.

1)
Kasliwal MK. Evolution and current status of surgical management of thoracic disc herniation - A review. Clin Neurol Neurosurg. 2023 Nov 19;236:108055. doi: 10.1016/j.clineuro.2023.108055. Epub ahead of print. PMID: 37992532.
2)
Experience in the surgical management of 82 symptomatic herniated thoracic discs and review of the literature. J Neurosurg. 1998; 88:623–633