

# Thoracic discectomy

The surgical approach differs from lumbar or cervical disk herniations because serious complications are associated with the posterior approach in TDH.

## Approaches

Thoracic spine approaches

## Complications

The selection of the appropriate surgical approach for the management of thoracic disc herniation (TDH) is often challenging due to the frequency and variability of the associated complications. We evaluated the safety of the surgical approaches for TDH by estimating the mortality (Q1) and morbidity (Q2), and frequency of the most common complications (Q3).

**METHODS:** Thus, we searched the Medical Literature for randomized controlled trials and observational studies, reporting on the management of TDH. Postoperative complications were the outcome of interest. The absolute and relative risk estimates, along with the rank probability scores, were estimated for each approach, through a network meta-analysis. The results were read under the light of the quality of the available evidence.

**RESULTS:** Fifteen studies with a total of 1036 patients fulfilled our eligibility criteria. Three deaths were reported. The overall morbidity rate was as high as 29%, largely attributed to medical (21%; 95% CI: 10-38%), surgical site (11%; 5-22%), CSF-related (8%; 3-8%), and neurological complications (5%; 1-24%). The anterior and lateral approaches were associated with a higher risk for medical and surgical complications when compared to the postero-lateral approach.

**CONCLUSION:** Surgery for thoracic disc herniation is associated with minimal mortality but significant morbidity, with large variations among the available approaches. Apprehension of the perioperative complications rates is important to develop complication-avoidance strategies and in accurate patient-to-doctor communication <sup>1)</sup>.

<sup>1)</sup>

Brotis AG, Tasiou A, Paterakis K, Tzerefos C, Fountas KN. Complications Associated with Surgery for Thoracic Disc Herniation: A Systematic Review and Network Meta-Analysis. World Neurosurg. 2019 Sep 4. pii: S1878-8750(19)32358-7. doi: 10.1016/j.wneu.2019.08.202. [Epub ahead of print] Review. PubMed PMID: 31493617.

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