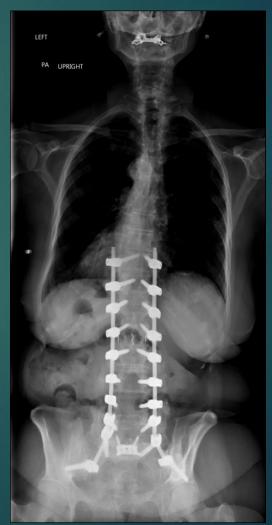
Is There a Correlation Between Degree of Facet Degeneration and Increase in Spinal Canal Volume after a Minimally Invasive Pre-psoas Interbody Fusion? —A Minimum 2 year Follow up Study



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INTRODUCTION

☐ The first stage of Circumferential minimally invasive (cMIS) correction of adult spinal deformity (ASD): Lateral or oblique lumbar interbody fusion (OLIF): indirectly decompress the spinal canal, lateral recess, and neural foramen and subsequently resolve the radicular symptoms when properly performed.

One of the surgeons' concerns has been the presence of facet arthropathy which may impede the success of an interbody fusion that is not supplemented by a posterior decompression or facetectomy.

We assessed the clinical and radiological success of the indirect decompression after CMIS correction for ASD.



METHODS

A retrospective review of prospectively collected data registry of **254** patients who underwent CMIS correction of Adult spinal deformity from Jan 2011 to Jan 2020.

Inclusion Criteria:

- 1. ASD (COBB>50, SVA>95MM, PI-LL>20, PT>30)
- 3 OR MORE LEVELS INSTRUMENTED
- 3. MINIMUM OF 2-YEAR FOLLOW-UP
- 4. HAVING PRE-OP AND POST-OP MRI/ CT SCAN

INCLUDED 104 PATIENTS (71 FEMALES AND 33 MALES) FOR THIS STUDY

Mean age: 66.6 years (22-84 years)

CMIS Protocol:

- 1. 1st stage: Multilevel oblique LLIF + L5-\$1 OLIF/ ALIF
- 2. Two days later: The patients were ambulated and a standing radiograph obtained
 - Based on this radiograph further correction of alignment, as age appropriate, was planned for the second stage.
- 3. 2nd Stage (Three days later): MIS pedicle screws with aggressive rod contouring and derotation/translation was done. All the iliac screws were placed freehand directly into the ilium through the PIIS.



DS

Total of 824 facets were reviewed, and we assigned a pre-op grade (0-3) to the severity of the facet arthropathy(Table 1).

Grading of lumbar facet joint degeneration using CT/ MRI described by Weishaupt et al.

Facet Grade	Definition	Number
Grade 0	Normal facet joint space (2–4 mm width)	51
Grade 1	Narrowing of the facet joint space (<2 mm) and/or small osteophytes and/or mild hypertrophy of the articular process	218
Grade 2	Narrowing of the facet joint space and/or moderate osteophytes and/or moderate hypertrophy of the articular process and/or mild subarticular bone erosions	404
Grade 3	Narrowing of the facet joint space and/or large osteophytes and/or severe hypertrophy of the articular process and/or severe subarticular bone erosions and/or subchondral cysts	151



- Mean follow-up was 69 months (24-132).
- Mean level fused was 6 levels (3-16)
 - > A total of 412 interbody levels were fused

Facet Grading: 824 facets

Level	Grade 0	Grade 1	Grade 2	Grade 3	Total
L1-L2	8	35	71	8	122
L2-L3	7	58	88	23	176
L3-L4	13	45	98	40	196
L4-L5	10	50	81	37	178
L5-S1	13	30	66	43	152





Spinal Cross-sectional area (cm²)

	Total LIF done	Pre-op	Post-op	P value
L1-L2	61	2.3	3.4	P< 0.05
		(1.1-3.7)	(2.1-5.1)	
		SD 0.64	SD 0.69	
L2-L3	88	1.97	3.44	
		(0.83-4.10)	(1.9-5.8)	
		SD 0.66	SD 0.83	
L3-L4	98	1.82	3.53	
		(1-3.70)	(1.9-6.5)	
		SD 0.63	SD 0.89	
L4-L5	89	1.95	3.86	
		(1-4.9)	(2-6)	
		SD 0.7	SD 0.84	
L5-S1	76	2.50	5.08	
		(1.1-5.3)	(2.7-7.5)	
		SD 1.09	SD 1.05	



Spina volume in pre-op Grade 1 Facets

	Pre-op (cm²)	Post-op (cm²)	P value
L1-L2	2.5 (1.3-3.2) SD 0.6	3.6 (2.8-4.5) SD 0.6	P< 0.05
L2-L3	2 (0.8-4.1) SD 0.89	3.6 (2.4-5.4) SD 0.95	P< 0.05
L3-L4	2 (1.1-3.1) SD 0.61	3.9 (2.9-5) SD 0.64	P< 0.05
L4-L5	2.1 (1.3-3.9) SD 0.92	3.7 (2.8-5.2) SD 0.65	
L5-\$1	2.1 (1.2-3.7) SD 0.88	5.1 (3.6-6.1) SD 0.85	P< 0.05

Spina volume in pre-op Grade 2 Facets

	Dua (2)	David and (2002)	Distribution
	Pre-op (cm²)	Post-op (cm²)	P value
L1-L2	2.2	2.4	D < 0.0F
LI-LZ	2.3	3.4	
	(1.2-3.7)	(2.1-5.1)	
	SD 0.5	SD 0.7	
L2-L3	2	3.5	
	(0.8-3.3)	(2-5.8)	
	SD 0.61	SD 0.73	
L3-L4	1.6	3.4	
	(1-3.4)	(2.1-6.5)	
	SD 0.54	SD 0.82	
L4-L5	2	4.1	
	(1.1-3.6)	(2.1-6)	
	SD 0.60	SD 0.85	
L5-S1	2.4	5.5	
	(1.1-5.3)	(3.2-7.5)	
	SD 1.1	SD 1.3	



Spina volume in pre-op Grade 3 Facets

	Pre-op (cm²)	Post-op (cm²)	P value
L1-L2	2.3	2.9	P< 0.05
	(1.2-3.5)	(1.9-3.6)	
	SD 0.9	SD 0.5	
L2-L3	1.8	3.2	
	(1-3)	(2.2-5.2)	
	SD .54	SD 0.89	
L3-L4	2.1	3.6	P< 0.05
	(1-3.7)	(1.9-5.3)	
	SD 0.68	SD 0.91	
L4-L5	3.4	5.1	
	(2.3-4.2)	(3.2-7.5)	
	SD 0.55	SD 1.2	
L5-S1	2.8	4.8	P< 0.05
	(1.3-4.8)	(2.7-6.2)	
	SD 1.04	SD 0.80	

Conclusion:

Our study suggests that if the facets are **not fused**, the success of lateral/oblique interbody fusion in cMIS for ASD is **independent** of the severity of facet arthropathy posteriorly.

