

요추간판 미세 현미경 수술 후 재입원 환자의 분석

지용철 · 손병길 · 최은석 · 이시우 · 신종현 · 차영훈*

= Abstract =

Analysis of Readmission Patients after Lumbar Microdiscectomy

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Objectives : After lumbar microdiscectomy there are relatively higher incidence of readmission because of various postoperative discomfort. Analyzing these readmitted patients in our private hospital where the patients can be readmitted more easily, we expect to find out which factors are associated with improvement of the surgical outcome.

Patients and Methoes : After discharge all significant patient's clinical data were registered to our computerized data bank system and periodic follow - up were performed. The authors analysed 651(97.7%) cases followed up over 2 years(average 3 years) out of 666 patients who underwent a initial lumbar microdiscectomy from May, 1994 to April, 1997. Among them, 63 patients(9.7%) were readmitted.

Results : Among the patients readmitted, 29 patients(4.5%) were reoperated because of recurred disc herniation, 17 patients were myofascial pain syndrome, 4 patients were discitis, 3 patients were adhesion and one patient was epidural abscess. Treatment results of these readmitted patients showed that success rate of all readmitted patients was 68.3%, reoperation was 58.6% and myofascial pain syndrome was 82.4%.

Conclusion : Treatment results of the patients readmitted because of a continuous lumbago or leg pain after microdiscectomy were acceptable through the careful analysis of the causes of the recurrent symptom. Therefore, the incidence of the chronic failed back syndrome can be reduced by efforting a more active management through readmission.

KEY WORDS : Microdiscectomy · Readmission.

서 론

21)25)28)

가
가

가

가

5)14)16)18)

80 90%

13)14)18)22)

가

가

가
 가
 (FBSS)
 27), 40%
 60%
 15%
 24)
 가
 2
 대상 및 방법
 1994 5 1997 4 3
 666
 가
 10
 (Visual Basic)
 1 2 , 2 3 6
 , 2 1
 가
 2 63
 가
 2)
 가
 666
 3 2 (3)

가 가 651 (97.7%)
 63 ESR CRP 63
 Simons 7)(Table 2).
 Chi - square test

Table 1. Score rating system of surgical result

	Score
Medication	
Continuous	1
Intermittent	2
Very infrequent	3
None	4
Social activity	
Not at all	1
Limited activity	2
Continuing job with a little limitation	3
Full activity without limitation	4
Post-op Sx. compared to pre-op	
Worse or same	1
Somewhat better	2
Much better	3
Satisfaction with op.	
Regret op.(0%)	1
Somewhat satisfactory(20 - 40%)	2
Satisfactory(50 - 70%)	3
Very satisfactory	4

15 ; Excellent, 12 - 14 ; Good, 6 - 11 ; Fair, 4 - 5 ; Poor

Table 2. Clinical diagnostic criteria of myofascial pain syndrome by simons

Major criteria
1. Regional pain complaint
2. Referred pain in the expected distribution
3. Taut band(in accessible muscle)
4. Spot tenderness in taut band
5. Some degree of restricted range of motion (when measurable)
Minor criteria
1. Reproducible pain by pressure on the tender spot
2. Local twitch response by snapping palpation or needle injection in the tender spot
3. Pain alleviation by muscle stretching or injecting the tender spot
Diagnosis of myofascial pain syndrome : should include five major criteria and at least one minor criteria

결 과

3 2 651 (Table 3).
63 (Table 3).

가 651 29 (4.5%)
17 (2.6%)
8 (1.2%)
가 4 (0.6%) , 3

Table 3. Age and sex distribution of initial microdiscectomy (n = 651)

Age	Male	Female
10 - 19	18	8
20 - 29	103	28
30 - 39	115	66
40 - 49	102	72
50 - 59	52	43
60 - 69	22	18
70 - 79	2	2
Total	414	237

Table 4. Etiologic diseases of readmission

Disease	No.
Recurrence	29
MPS	17
Discitis	4
Epidural abscess	1
Superficial infection	3
Adhesion	3
Stenosis	1
Instability	3
Others	4
Total	63

MPS : myofascial pain syndrome

Table 5. Readmission interval after operation

Disease	>4w*	>8w	>12w	>6m**	>1y***	>2y	>3y	>3y
Recurrence		1	1	5	7	8	5	2
MPS***	8	7	1			1		
Discitis	1	1	2					
Superficial infection	2	1						
Adhesion		1						
Stenosis	1				1	1		
Instability							1	
Others	1	2	1				1	

*w : week **m : month ***y : year ***MPS : myofascial pain syndrome

1 , 1 , 4
3 , 1 , 4
가 1
(Table 4).
63 (Table 5).
(29)
(protrusion) 8 , (extru -
(sequestration) 8 ,
sion) 13 ,
4.79%, 4.58% 4.47%
12 14 , 1
가 8 , 2 3 가 5 , 3
2 .

(same level, same side) 23 (79%) ,
(opposite side) 1 (4%) ,
(different level) 5 (17%) .
가 79%

1
6 5 1
(Table 6).

3 4 28
7.14% , 4 5
4.5%, 5 - 1 1.12%
가 (p<0.05).
17
3 , 7 (Table 6).
2 8
29
58.6%
81.7%

Table 6. Recurrent site & interval after operation

	>1yr*	1 - 2yr	2 - 3yr	3yr >	Total
S.S**	13	7	2	1	23
Opposite side				1	1
Different level	1	1	3		5
Total	14	8	5	2	29

*yr : year **S.S : same level, same side

Table 7. Result of readmission patients

Disease	Excellent	Good	Fair	Poor	Total
Recurrence	2	15	11	1	29
MPS*	7	7	3		17
Discitis	2	2			4
Epidural abscess			1		1
Superficial infection	1	2			3
Adhesion	2			1	3
Stenosis			1		1
Instability			1		1
Others	2	1	1		4
Total	16	27	18	2	63

*MPS : myofascial pain syndrome

(p<0.01).

17 14

4
(Table 7).

고 찰

(FBSS)

27).

가

가

4.5%

가

Macnab¹⁷⁾ (same level, same side) 가 80 90% ,
(level) (opposite side) 가
5%, (different level) 가 10%

stenosis),
가
(Flabby back syndrome),
가 27).
(FBSS)
가 27). 가

2

6)18)

16)

8)

Gadolinium

20)

52 69%

15)

3)4)12)13)19)23)

15)24), McCulloch

18)

가

10)

Simons⁷⁾가

3

3

0.13% 2.7%

2 3

1)8)9)14)18)26)

가

16)17)

가

4 6

(Bone scan)

4 6

8)11)18)

30 60

5

결론

가

가

FBSS 가

- : 1999 10 7
 - : 1999 12 14
 - : 704 - 360 511 - 10
- : 053) 641 - 9200, : 053) 641 - 9290
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