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SOI: <u>1.1/TAS</u> DOI: <u>10.15863/TAS</u> International Scientific Journal

JIF

Theoretical & Applied Science **p-ISSN:** 2308-4944 (print) e-ISSN: 2409-0085 (online)

Year: 2018 Issue: 11 Volume: 67

http://T-Science.org **Published:** 30.11.2018

**SECTION 20. Medicine.** 



= 0.912

QR - Issue



Hamna Inayat

QR - Article

Dr., Doctor at services hospital Lahore, Pakistan humnainayat65@gmail.com

Khalida Bano

Dr., Registrar medical practitionar, Pakistan Khalidazaheer2@gmail.com

# FREQUENCY OF VARIOUS COMPLICATIONS AFTER CAGE FIXATION IN T.B SPINE

Abstract: Objective: To determine complications and frequency of failure of anterior cage fixation in TB spine.

Design and duration: This is a prospective study. Study was stared in March 2018 and completed in September 2018 comprising on 7 months.

Setting: This study was conducted in neurosurgery ward of Jinnah Hospital Lahore.

Patients and methods: Patients with tuberculosis spine presented to neurosurgery out-door were admitted in the ward and they were planned for cage fixation. Investigations were done to confirm diagnosis and for anesthesia fitness prior to operation. All investigations were done from within the hospital. Mostly thoraco-lumbar spine was involved and both male and female cases were involved. It was seen that female cases were more than male cases having T.B spine. Family and personal history of tuberculosis was taken then proper physical examination was also done. Data was properly analyzed and results were calculated in the form of frequency and percentage and expressed in the form of tables and graphs.

Results: There were total 70 cases involved in this study with tuberculosis of spine. Age range was 15-60 years with mean age of 41.4 years. There were 20(28.6%) cases between 15-25 years, 25(35.7%) between 26-35 years, 11(15.7%) between 36-45 years, 8(11.4%) between 46-55 years and 6(8.6%) cases were having age above 55 years. There were 30(42.8%) male cases and 40(57.2%) cases were female. Due to cage fixation following complications were seen in 16(22.8%) cases out of 70 cases. Wound infection seen in 7(10%) cases, dural tear in 1(1.4%) cases, dyspnea in 3(4.3%), neurological deficiency seen in 3(4.3%) cases, complications of cage used in one case and graft complications seen in one case.

Conclusion: Tuberculosis of spine is much common in young age and females are more involved. Mostly thoracolumbar vertebrae are involved. Cage fixation is asurgical procedure of choice with few complications associated with it.

Key words: Tuberculosis, spine fracture, Cage fixation, neurodeficite.

Language: English

Citation: Inayat, H., & Bano, K. (2018). Frequency of various complications after cage fixation in t.b spine. ISJ Theoretical & Applied Science, 11 (67), 321-323.

**Soi**: http://s-o-i.org/1.1/TAS-11-67-54 Doi: crossef https://dx.doi.org/10.15863/TAS.2018.11.67.54

# Introduction

Tuberculosis is most prevalent disease in Pakistan. All over the world this disease is found mostly in underdeveloped and developing countries. People wih poor socioeconomic status are more prone to this disease. Tuberculosis of spine is much common in young age and females are more involved. Mostly thoracolumbar vertebrae are involved. Cage fixation is asurgical procedure of choice with few complications associated with it.

Patients with tuberculosis spine presented to neurosurgery out-door were admitted in the ward and they were planned for cage fixation. Investigations were done to confirm diagnosis and for anesthesia fitness prior to operation. All investigations were done from within the hospital. Mostly thoracolumbar spine was involved and both male and female cases were involved. It was seen that female cases were more than male cases having T.B spine. Family and personal history of tuberculosis was taken then



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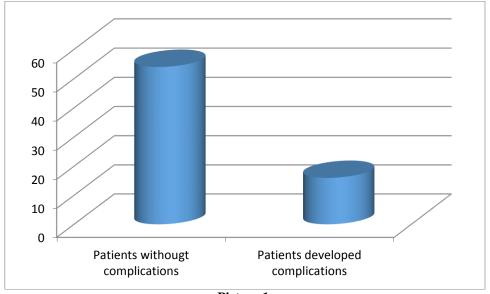
proper physical examination was also done. Surgical management is definite treatment if properly done by expert neurosurgeons.

## **Patients and methods**

This is a prospective study conducted in Jinnah hospital Lahore neurosurgery ward. Study was completed in duration of 7 months. A performa was designed containing all relevant questions about the study and questions were asked from the patients and their answers were noted down. Patients with tuberculosis spine presented to neurosurgery outdoor were admitted in the ward and they were planned for cage fixation. Investigations were done to confirm diagnosis and for anesthesia fitness prior to operation. All investigations were done from within the hospital. Mostly thoraco-lumbar spine was involved and both male and female cases were involved. It was seen that female cases were more than male cases having T.B spine. Family and personal history of tuberculosis was taken then proper physical examination was also done. Data was properly analyzed and results were calculated in the form of frequency and percentage and expressed in the form of tables and graphs.

#### **Results:**

Patients with tuberculosis spine presented to neurosurgery out-door were admitted in the ward and they were planned for cage fixation. Investigations were done to confirm diagnosis and for anesthesia fitness prior to operation. All investigations were done from within the hospital. Mostly thoracolumbar spine was involved and both male and female cases were involved. There were total 70 cases involved in this study with tuberculosis of spine. Age range was 15-60 years with mean age of 41.4 years. There were 20(28.6%) cases between 15-25 years, 25(35.7%) between 26-35 years, 11(15.7%) between 36-45 years, 8(11.4%) between 46-55 years and 6(8.6%) cases were having age above 55 years. There were 30(42.8%) male cases and 40(57.2%)cases were female. Due to cage fixation following complications were seen in 16(22.8%) cases out of 70 cases. Wound infection seen in 7(10%) cases, dural tear in 1(1.4%) cases, dyspnea in 3(4.3%), neurological deficiency seen in 3(4.3%) cases, complications of cage used in one case and graft complications seen in one case.



Picture 1.

## **Discussion**

Tuberculosis is a disease of very old times prevalent all over the world. It has high prevalence in Pakistan. Tuberculosis is most prevalent disease in Pakistan. All over the world this disease is found mostly in underdeveloped and developing countries. People wih poor socioeconomic status are more prone to this disease. This is a prospective study conducted in Jinnah hospital Lahore neurosurgery ward. Study was completed in duration of 7 months. A performa was designed containing all relevant questions about the study and questions were asked

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#### **References:**

- Sailer, M., Bussen, D., Debus, E. S., Fuchs, K. H., & Thiede, A. (1998). Quality of life in patients with bening anorectal disorders. Br J surg, 85, 1716-1719.
- 2. Martin, J. D. (1953). Postpartum Anal fissure. *Lancet, I,* 271-273.
- 3. Jensen, S. L. (1988). Diet and other risk factors for fissure –in-ano. Prospective case control study. *Dis colon Rectum*, *31*, 770-773.
- 4. Keck, J., Staniunas, R. J., Coller, J. A., Bassett, R. C., & Oster, M. E. (1995). Computer generated profiles of anal canal in patient with anal fissure. *Dis colon Rectum*, *38*, 72-79.
- 5. Lund, J. N., Parsons, S. L., & Schole, field, J. H. (1996). Spasm of internal sphincter in anal fissure. Cause or effect? *Gasteroenterology*, 110-A711.
- Minguez, M., Tomas-Ridoacci, M., Garcia, A., & Benages, A. (1992). Pressure of anal Canal in patients with hemorrhoids or with anal fissure. Effect of the topical application of an anesthetic gel (in Spanish). Rev Esp Enferm Dig, 81, 130-107.
- 7. Lund, J. N., Binch, C., Mc Grath, J., Sparron, R. A., & Schole, filld, J. H. (1999). Topographical distribution of blood supply to the anal canal. *Br J surg*, *86*, 296, 498.

- 8. Lund, J. N., & Sholefield, J. H. (1997). Internal Sphinctor spasm in anal fissure. *Br J surg*, *84*, 1723-1724.
- 9. Nelson, R. L. (1999). Meta analysis of Operative techniques for fissure-in-ano. *Dis Colon Rectum*, 42, 1424-1428, discussion 1428-1431.
- Lysy, J., Issaelit. Yatzkan, Y., Sestiese-Ihah, M., Keret, D., & Goldin, E. (1998). Treatment of chronic anal fissure with isosorbide dinitrate: Long-term results and dose determination. *Dis* colon Rectum, 41, 1406-1410.
- 11. Dorfman, G., Levitt, M., & Platell, C. (1999). Treatment of chronic anal fissure with topical glyceryl trinitrate. *Dis colon Rectum*, 42, 1007-1010.
- 12. Watson, S. J., Kamm, M. A., Nicholls, R. J., Phlillips, R. K. S. (1996). Topical Glyceryl trinitrate in treatment of chronic and fissure. *Br J Surg*, *83*, 771-775.
- 13. Hasegawa, H., Radley, M. R. (2000). Audit of topical glyceryl trinitrate for treatment of fissure-in-ano. *Ann R coll surg Engl*, 82, 27-30.
- 14. Lund, J. N., & Scholefield, J. H. (1998). Follow-up of patients with chronic anal fissure treated with topical glyceryl trinitrate (Letter). *Lancet*, *352*, 1681.

