FEATURES OF THE COURSE OF LATERAL STENOSIS OF THE LUMBAR SEGMENT OF THE POSONEAL CANAL

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Relevance. Numerous works devoted to lumbar spinal stenosis reflect its importance among common chronic diseases.

According to K. Otani et al., the overall incidence of symptomatic lumbar spinal stenosis in the population is about 5% among patients under 50 years of age and about 10-15% among patients aged 50-70 years. By anatomical localization, spinal stenosis is divided into central (20%), lateral (10%) and mixed/combined (central and lateral) - 70%. The presence or absence of lateral stenosis must be taken into account when performing microsurgical intervention on the spine (removal of a herniated disc or intralaminar decompression for central stenosis of the spinal canal). First of all, this concerns elderly patients, in whom lateral stenosis of the spinal canal occurs significantly more often than in young patients. According to various authors, persistent pain after microdiscectomy in 29-58% of cases is due to lateral stenosis of the spinal canal that was not eliminated during the operation. Therefore, today the diagnosis of lateral stenosis of the spinal canal is a very pressing problem.

Purpose of the study.study of the course of lateral stenosis of the lumbar spinal canal

Material and research methods. This group consisted of 18 patients who underwent surgery and who had clinical manifestations of lateral stenosis in the form of root compression in the lateral root pocket in combination with pain in the lumbar spine.

All patients underwent a comprehensive examination, including radiological examinations, and also underwent MSCT.

Results. Summarizing the obtained data, it can be confidently stated that 83.9% of patients had predominantly symptoms of root compression. In 16.1% of cases, patients had predominantly clinical symptoms of vertebral pain syndrome due to instability of the spinal motion segment, which is confirmed by the data of functional lumbar spondylograms. Lateral stenosis of the spinal canal is most often caused by a combination of compressing factors (47%), which must be taken into account when planning the tactics and scope of surgical treatment.

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