

Evaluasi Skor Joa dan Indeks Disabilitas Oswestry pada Penderita Stenosis Servikal Degeneratif yang Dilakukan Laminoplasti

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Abstrak

Background : Laminoplasty was developed to widen the spinal canal dimensions without permanently removing the dorsal elements of the cervical spine. The retained dorsal elements should aid in the prevention of muscle scarring to the dura and potentially reduce the incidence of postoperative instability.

Cervical laminoplasty has been advocated as an alternative procedure to laminectomy for the decompression of the cervical spine. It provides favourable cord decompression and stabilisation of the cervical spine and is a simpler and safer alternative to anterior fusion and laminectomy for myelopathy and myeloradiculopathy, due to degenerative cervical stenosis. Most authors report outcome based on the Japanese Orthopedic Association (JOA) scoring system. Reported results include mean preoperative and postoperative scores for all patients, and a calculated rate of recovery is provided. The mean recovery rate after the Hirabayashi expansive laminoplasty is approximately 60%. To know the outcome, we evaluated 9 patients with degenerative cervical spinal stenosis that had been treated with laminoplasty using JOA score and Oswestry disability index questioner also the correlation between them.

Methods : We performed pre and post interventional study on patients with degenerative cervical spinal stenosis with moderate until severe stenosis that had failed non operative treatment from January 2007 -June 2008 at Cipto mangunkusumo Hospital Jakarta. With JOA score as clinical approach and Oswestri Disability Index (001) questioner by patient approach, we identify the cervical spine function of the patients before and after laminoplasty (1 month, & 6 month post operative)

Results: There were significant difference of JOA and 001 score before and after decompression by laminoplasty with $p < 0.05$. The improvement of cervical spine function also significantly increase until 6 months after surgery compare to the 1\$ month post operative JOA and 001 score ($p = 0.028$, $p = 0.035$ respectively). There is strong correlation between them ($r = 0.804$).

Conclusion : Laminoplasty decompression technique can improve the cervical spine clinically (increase the JOA score) and quality of life (decrease the 001 score) of patient with degenerative cervical spinal stenosis.