

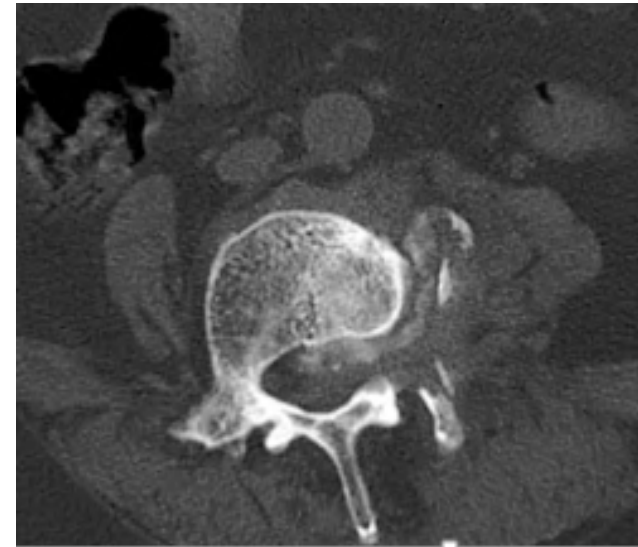
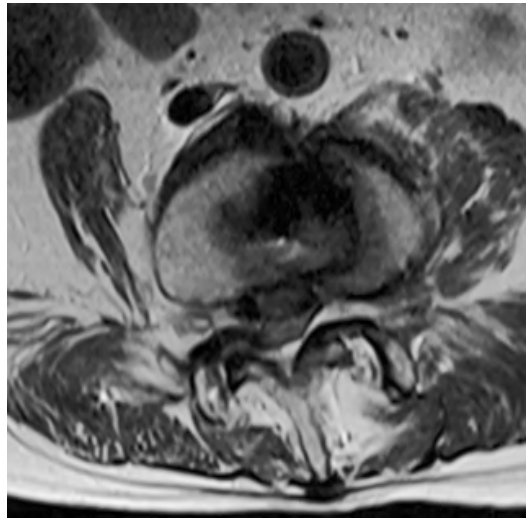
Rheumatoid arthritis in the Lumbar spine

- Case
 - F/58
 - Severe low back pain & Rt L/E painful numbness
 - Both AKDF IV, Rt BTDF Gr III
- Lab finding
 - RA (Quality) : **Positive** (Negative)
 - RA (Quantity) : **35.36** (< 14)
 - Anti-CCP antibody : Negative (Negative)

Rheumatoid arthritis in the Lumbar spine



Rheumatoid arthritis in the Lumbar spine



Rheumatoid arthritis in the Lumbar spine

- Dx
L3-4-5-S1 vacuum disc &
foraminal stenosis c RA
- Op
DLIF L3-4-5-S1 &
L3-4-5-S1-Iliac screw fixation



Rheumatoid arthritis in the Lumbar spine

- Laminectomy or Laminotomy Without Fusion
 - It has a advantage to reduce complications
 - Using smaller incisions and sparing the supra- and interspinous ligaments

Rheumatoid arthritis in the Lumbar spine

- Lumbar fusion and Laminectomy
 - Decomp & fusion was successful in treating back pain, leg pain and gait disturbance. And improve activities of daily living
 - Complications
 - Collapse of adjacent vertebra (57%)
 - Instability of adjacent levels (43%)
 - Migration of pedicle screws (29%)
 - Collapse of bone graft (14%)
 - Infection (14%)

Peter Joo et al. (2020) "Surgical Management of the Lumbar Spine in Rheumatoid Arthritis"
AO Spine

Rheumatoid arthritis in the Lumbar spine

Conclusion

- Symptoms resulting from lumbar lesions are not negligible and can be substantial in some patients with RA.
- It is better without fusion to reduce complications
- However, fusion may be necessary in environments of instability and spinal deformity, and careful surgical planning is recommended.
- **In all patients with RA, lumbar lesions should be examined in addition to the cervical spine and peripheral joints.**

Peter Joo et al. (2020) "Surgical Management of the Lumbar Spine in Rheumatoid Arthritis"
AO Spine