

颈椎前路与后路手术治疗多节段脊髓型颈椎病疗效的 Meta 分析

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【摘要】 目的: 系统评价颈椎前路与后路手术治疗多节段脊髓型颈椎病的疗效与安全性。方法: 计算机检索 Cochrane 图书馆 (2015 年第 7 期), PubMed (1966 年至 2015 年 12 月), Embase (1966 年至 2015 年 12 月), OVID (1950 年至 2015 年 12 月), 万方数据库 (1998 年至 2015 年 12 月), 中国期刊全文数据库 (1999 年至 2015 年 12 月), 中国生物医学文献数据库 (1978 年至 2015 年 12 月), 手工检索《中华骨科杂志》《中国脊柱脊髓杂志》等相关杂志, 收集颈椎前路与后路手术治疗多节段脊髓型颈椎病的随机或半随机对照试验, 由 2 名评价者按纳入与排除标准筛选试验、质量评价和提取资料后, 采用 RevMan 5.2 软件进行 Meta 分析。结果: 最终纳入 17 个对照试验, 共 1 151 例患者。Meta 分析结果显示: 前路手术与后路手术的术后并发症发生率 [$OR=2.19, 95\% CI (1.50, 3.19), P<0.000 1$] 和神经功能改善率 [$WMD=11.04, 95\% CI (0.60, 21.47), P=0.04$] 的差异有统计学意义; 而手术时间 [$WMD=39.43, 95\% CI (-5.92, 84.78), P=0.09$], 术中出血量 [$WMD=5.46, 95\% CI (-96.65, 107.58), P=0.92$], 术前 JOA 评分 [$WMD=0.13, 95\% CI (-0.20, 0.46), P=0.44$], 术后 JOA 评分 [$WMD=0.45, 95\% CI (-0.10, 1.00), P=0.11$] 的差异无统计学意义。结论: 颈椎前路手术与后路手术治疗多节段脊髓型颈椎病在脊髓神经功能改善、手术时间、术中出血量方面无显著差异, 但后路手术在减少并发症方面明显优于前路手术。

【关键词】 颈椎病; 外科手术; 治疗结果; Meta 分析

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Anterior versus posterior approach for multilevel cervical spondylotic myelopathy: a meta-analysis YOU Jing-yang, ZHENG Yong, CHEN Ming, and FAN Jiang-rong. Department of Trauma Orthopaedics, the First Hospital Affiliated to Sciecnce and Techenque College of Hubei, Xianning 437100, Hubei, China

ABSTRACT Objective: To assess the clinical effectiveness and safety of anterior versus posterior approach for multilevel cervical spondylotic myelopathy. **Methods:** The following databases were searched: the Cochrane Library, PubMed, EM base, OVID, CBM, Wanfang Data, CNKI. Relevant journals were manually searched for randomized controlled trials or clinical controlled trials (CCTs) that investigated the clinical effectiveness and safety of anterior and posterior approach for multilevel cervical spondylotic myelopathy. Two reviewers independently screened the literature according to inclusion and exclusion criteria, extracted the data, and assessed the methodological quality of included studies. Meta-analysis was performed by using RevMan 5.2 software. **Results:** Eight CCTs, involving 1 151 patients, were included. Significant differences were found between anterior and posterior approach with respect to complications, $OR=2.19, 95\% CI (1.50, 3.19), P<0.000 1$; and neural recovery rate, $WMD=11.04, 95\% CI (0.60, 21.47), P=0.04$. In addition, there were no significant differences in preoperative JOA scores, $WMD=0.13, 95\% CI (-0.20, 0.46), P=0.44$; postoperative JOA scores, $WMD=0.45, 95\% CI (-0.10, 1.00), P=0.11$; operation time, $WMD=39.43, 95\% CI (-5.92, 84.78), P=0.09$; and amount of intraoperative bleeding, $WMD=5.46, 95\% CI (-96.65, 107.58), P=0.92$. **Conclusion:** There are no significant differences between anterior and posterior approach for multilevel cervical spondylotic myelopathy in the recovery of neural function of the spinal cord, operation time and intraoperative bleeding. However, posterior approach showed fewer complications than anterior approach.

KEYWORDS Cervical spondylosis; Surgical procedures, operative; Treatment outcome; Meta analysis

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多节段脊髓型颈椎病的常规手术治疗方法有 3 种: 前路、后路及前后路联合。前路手术包括颈椎

间盘切除减压融合术、颈椎椎体次全切减压融合术及颈椎人工椎间盘置换动态稳定术; 后路手术主要为椎板切除减压术和椎管扩大成形术。手术是治疗多节段脊髓型颈椎病颈髓受压最确切的有效手段, 手术主要目的在于充分扩大椎管、减轻神经压迫和

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