türkomurga

XII. Uluslararası Türk Omurga Kongresi



Program ve Özet Kitabı

19 - 22 Nisan 2017
Susesi Luxury Resort
Antalya

www.spinecongress2017.com

TÜRK OMURGA DERNEĞİ YÖNETİM KURULU

BAŞKAN
Dr. İ. Teoman BENLİ

II. BAŞKAN
Dr. Sait NADERİ

GENEL SEKRETER
Dr. Mehmet AYDOĞAN

SAYMAN
Dr. Hakan SABUNCUOĞLU

ÜYELER
Dr. Ender OFLUOĞLU

Dr. Yetkin SÖYÜNCÜ

Dr. Uygur ER

Dr. Metin ÖZALAY

Dr. Deniz KONYA

Dr. Fatih DİKİCİ

Dr. Serdar KAHRAMAN

KONGRE DÜZENLEME KURULU

KONGRE BAŞKANLARI

Dr. Sait NADERİ

Dr. Mehmet TEZER

KONGRE SEKRETERLERİ

Dr. Mehmet AYDOĞAN

Dr. Ender OFLUOĞLU

SAYMAN

Dr. Hakan SABUNCUOĞLU

KONGRE DÜZENLEME KURULU

Dr. Mehmet AYDOĞAN

Dr. İ. Teoman BENLİ

Dr. Sait NADERİ

Dr. Ender OFLUOĞLU

Dr. Hakan SABUNCUOĞLU

Dr. Mehmet TEZER

S-51

RADIOLOGICAL AND SURGICAL ANATOMY OF VENTRAL C1-2 COMPLEX

*Sibel Çırpan[1], Salih Sayhan[2], **Gökşin Nilüfer Yonguç**[1], Canan Eyüboğlu[1], Nuri Karabay[3], Mustafa Güvençer[1], Sait Naderi[4]*

[1] Dokuz Eylül Üniversitesi Tıp Fakültesi Anatomi Anabilim Dalı, İzmir, Türkiye
[2] Özel Ege Hastanesi, Beyin ve Sinir Cerrahisi Kliniği, Denizli, Türkiye
[3] Dokuz Eylül Üniversitesi Tıp Fakültesi Radyoloji Anabilim Dalı, İzmir, Türkiye
[4] Sağlık Bilimleri Üniversitesi Ümraniye Eğitim ve Araştırma Hastanesi Beyin ve Sinir Cerrahisi Anabilim Dalı, İstanbul, Türkiye

AMAÇ: A cadaveric study to investigate of the surgical anatomy of ventral atlantoaxial complex. Transoral and transnasal routes are important chorridors to reach to the upper cervical spine. Both transoral and transnasal approachs require information about bony and neurovascular structures. The aim of this study is to evaluate anatomical data of the bony structures, seen during anterior exploration of the C1-2 complex. Transoral odontoidectomy (TO) is an important surgical procedure performed to decompress ventral spinal cord and to stabilize craniovertebral junction. A careful TO requires knowledge regarding surgical anatomy of the ventral C1-2 complex.

YÖNTEM: This study was performed on six formalin fixed cadaveric head and neck specimens. The study had two parts, including radiological (before odontoidectomy), and anatomical measurements (after odontoidectomy). The relevant radiological and surgical anatomical parameters, including distances between C1-C2 and bony distance between C1 anterior tubercle and the superior dentes incisivus (SDI), height of the C1 anterior arcus, width and height of odontoid articular surface, were measured by using Mitotoyo digital caliper, sensitive to 0.01 mm.

BULGULAR: The mean distance between C1 anterior tubercle and external entry points, nares and superior incisors on maxilla, were measured as 96.168.07 mm, and 84.149.16 mm, respectively. The mean height of C1 anterior arch was 13.89 mm. The mean distance between medial borders of right and left C1 lateral masses was found to be 19.10±1.80 mm. The mean distance between medial border of lateral mass and midline (ML) in right and left sides were found to be 9.43±0.88 and 9.68±0.97 mm respectively. The mean height of C1 anterior arch at ML was mesaured as 13.892.48 mm, and the mean distance between ventral surface of anterior arch and ventral joint of odontoid on ML was found to be 6.43±1.29 mm. The AP and horizontal diameters of odontoid on its basis were measured as 12.12±0.38 mm, and 11.120.94 mm, respectively. The radiologic parameters of cadavers were measured on CT images. The angle of transoral and transnasal approach to C1 were found to be 32.67±4.59 and 32.00±2.10 respectively.

SONUÇ: A safe TO requires knowledge regarding ventral C1-C2 relationships, particularly regarding distances of odontoid, lateral mass and ML.

Anahtar Kelimeler: atlantoaxial complex, cadaveric study, cervical spine, odontoid, radiological anatomy, transnasal odontoidectomy, transoral odontoidectomy