NOVAPPROACH SPINE

CASE REPORT

Transitional Anatomy with Anomalous Vessel Originating from the Aorta

A left-sided retroperitoneal approach was undertaken with implants placed at L3-4 and L4-5 obliquely

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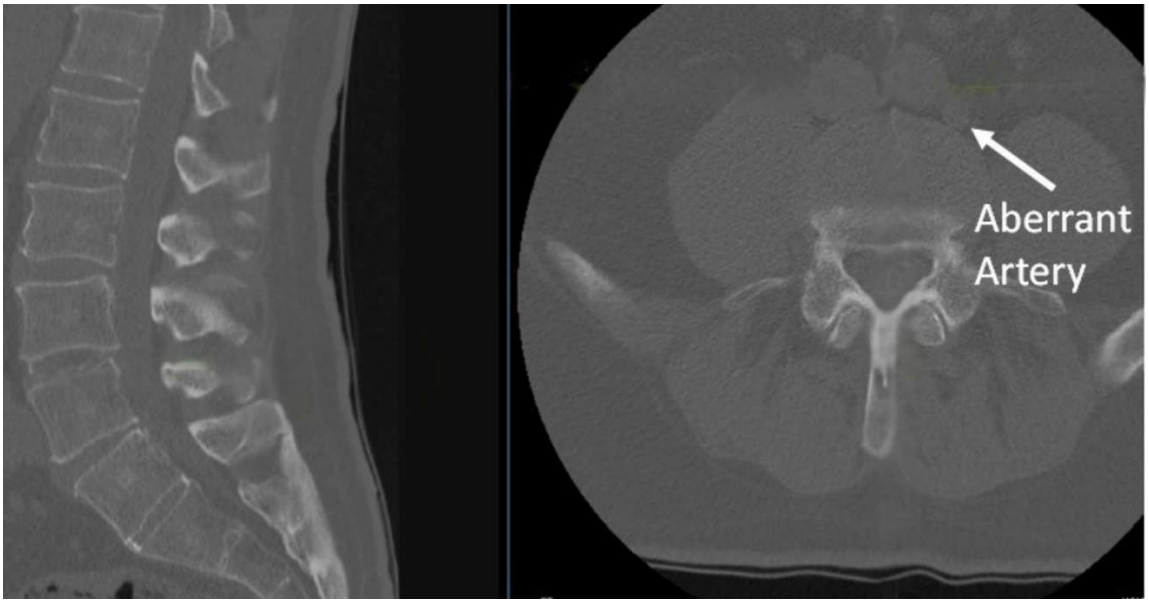
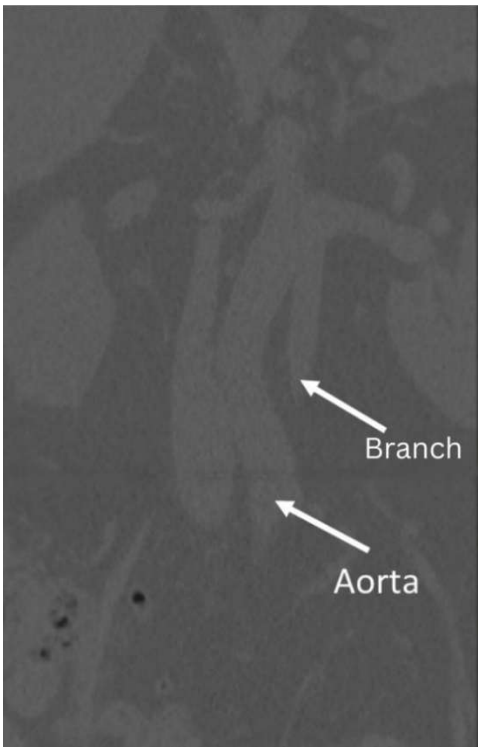
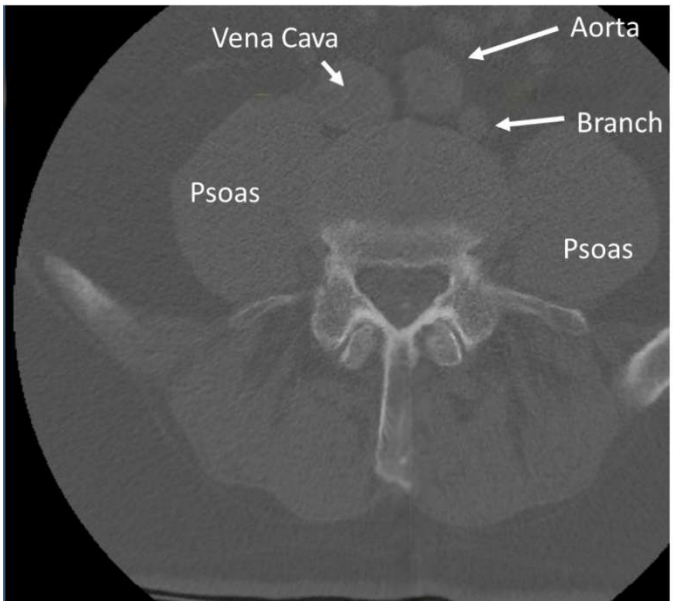
A 62-year-old man with advanced disc degeneration and multifactorial lumbar spinal stenosis at L3-4 and L4-5 had a prior history of pacemaker placement and cannot undergo an MRI. The CT scan demonstrated an anomalous left-sided artery traversing vertically lateral to the aorta.

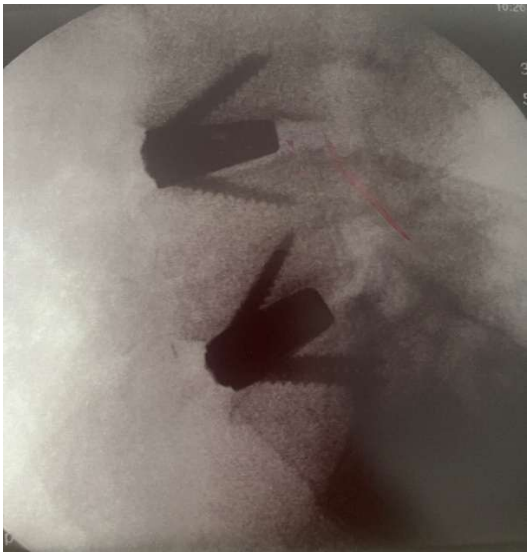
Procedure

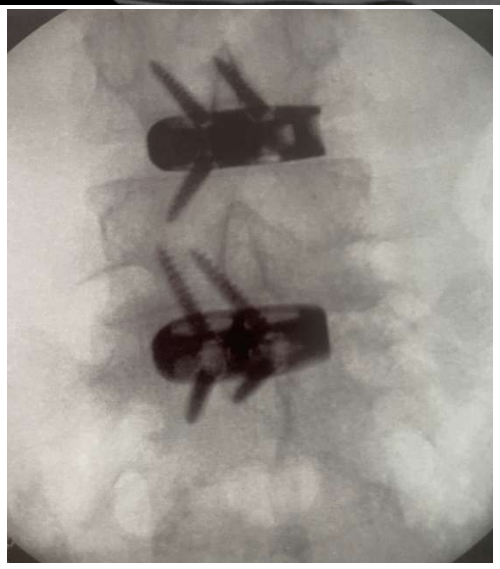
An anterior retroperitoneal approach was used to access the relevant levels. The aberrant vessel that originated from the aorta at the level of the renal artery and ran distally toward the pelvis lateral to the left common iliac artery was difficult to mobilize. Therefore, it was retracted toward the patient's right at the L3-4 level and to the patient's left at L4-5. This allowed placement of the cages obliquely. The proximity of the vessel precluded placement of the left-sided inferior screw at L3-4.











Implants Used

L3-4: Medium cage, 12mm height, 13 degrees lordosis (3 of 4 screws used in the oblique holes)
L4-5: Medium cage, 10mm height, 13 degrees lordosis (4 of 4 oblique screws used)

Discussion

The combination of osseous and vascular anomalous anatomy limited access to the disc spaces significantly. The OneLIF™ cage allowed us to work within a smaller operative window and still place a robust implant, well-positioned, and effectively secured. But for the variable angles of cage and screw insertion, this anatomy would have warranted a posterior only approach.

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