Interruption of the bilateral segmental arteries at several levels : Influence on vertebral blood flow

出版者:
公開日: 2022-04-25
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キーワード (En):
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URL https://doi.org/10.24517/00056908

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2002 Fiscal Year Final Research Report Summary

Interruption of the bilateral segmental arteries at several levels : Influence on vertebral blood flow

Research Project

Project/Area Number
13671498
Research Category
Grant-in-Aid for Scientific Research (C)
Allocation Type
Single-year Grants
Section
一般
Research Field
Orthopaedic surgery
Research Institution
KANAZAWA UNIVERSITY
Principal Investigator
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Project Period (FY)
2001 - 2002
Keywords

total en bloc spondylectomy / the segmental artery / vertebral blood flow

Intraoperative hemorrhage can be sometimes massive in patients with hypervascular spinal tumors, especially in radical resection such as total en bloc spondylectomy. The recent development of new embolization techniques ensures mole aggressive, more extensive, and safer preoperative embolization for spinal tumors. The blood flow of the T12 vertebra of twelve female dogs was measured after ligation of the bilateral segmental arteries at one to three levels, including the T12. Spinal cold evoked potentials were recorded in this procedure. Spinal angiography using a silicon compound was performed on other ten dogs after clipping and section of the bilateral segmental arteries. The blood flow of the T12 vertebra decreased to 70.13±6.37% of the control value after ligation of the bilateral segmental arteries of T12, to 46.48±8.97% after ligation of the bilateral segmental arteries of T12 and either T11 or T13, to 24.±8.31% after ligation of T11, 12 and 13, respectively. The angiogram after ligation and section of T12 and the two levels including T12 showed thick and clear contrast medium in the cut distal ends of the T12 segmental arteries. After interruption at three levels (T11, 12, and 13 level), however, the,cut distal ends of the T12 segmental arteries were seen thin and faint on the angiogram. No significant changes occurred in SCEPs after ligation of the segmental arteries at three levels in all six dogs. Interruption of the bilateral segmental arteries at three levels, one target vertebra and the two adjacent vertebrae, seduced the blood flow of the target vertebra to one forth of the control value in the lower thoracic spine in dogs. This result suggests that preoperative embolization at three levels, the levels of the tumor vertebra and the adjacent vertebrae above and below it, may seduce intraoperative hemorrhage effectively during total en bloc spondylectomy for hypervascular spinal tumors

Research Products (12 results)

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				AI	Oth	ner
	All	Pub	licatio	ıs (12	resul	ts)
[Publications] Tomita K, Kawahara N (他4名, 6, 2番目): "Interruption of the bilateral segmental arteries at several levels : Influen flow"Spine. (掲載予定). (2004)	ce o	n ver	tebral b	lood		~
[Publications] Tomita K, Kawahara N (他4名, 1, 2番目): "Total en bloc spondylectomy ; a new surgical technique for primary mali tumors."Spine. 22. 324-333 (1997)	gnan	it ver	tebral			~
[Publications] Tomita K, Kawahara N: "The threadwire saw : a new device for cutting bone."JBJS. 78-A. 1915-1917 (1996)						~
[Publications] Tomita K, Toribatabe Y, Kawahara N: "Total en bloc spondylectomy and circumspinal decompression for solitary spi 32. 36-46 (1994)	inal r	metas	stasis"P	arapleg	ia.	~
[Publications] Tomita K, Kawahara N (他2名, 1, 2番目): "Total en bloc spondylectomy for primary malignant vertebral tumors."Int 2413 (1994)	: Car	ncer (Congres	s. 2409)-	~
[Publications] Tomita K, Kawahara N (他3名, 1, 2番目): "Surgical strategy for apinal metastases."Spine. 27. 1124-1126 (2002)						~
[Publications] Tomita K, Kawahara N (他4名、6, 2番目): "Interruption, of the bilateral segmental arteries at several levels Influen flow"Spine. (Accepted). (2004)	ce or	n ver	ebral b	lood		~
[Publications] Tomita K, Kawahara N (他4名、1, 2番目): "Total en bloc spondylectomy ; a new surgical technique for primary mal tumors"Spine. 22. 324-333 (1997)	ignaı	nt ve	rtebral			~
[Publications] Tomita K, Kawahara N: "The threadwire saw a new device for cutting bone"JBJS. 78-A. 1915-1917 (1996)						~
[Publications] Tomita K: "Toribatake Kawahara N Total en bloc spondylectomy and circumspinal decompression for solitary spinal 36-46 (1994)	met	astas	is"Para	plegia.	32.	~
[Publications] Tomita K, Kawahara N (他2名、1, 2番目): "Total en bloc spondylectomy for primary malignant vertebral tumors"Int 2413 (1994)	: Car	ncer (Congres	s. 2409)-	~
[Publications] Tomita K, Kawahara N (他3名、1, 2番目): "Surgical strategy for spinal metastases"Spine. 27. 1124-1126 (2002)						~

URL: https://kaken.nii.ac.jp/report/KAKENHI-PROJECT-13671498/136714982002kenkyu_seika_hokoku_

Published: 2005-04-18